



NORFOLK COUNTY COUNCIL

Annual Report

of the

**COUNTY MEDICAL OFFICER
FOR 1973**



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PREFACE

This report, which is being prepared in accordance with the instructions of the Chief Medical Officer, Department of Health and Social Security, in a letter dated 22nd February, 1974, will be the last annual report to be compiled in my capacity as County Medical Officer. With the reorganisation of local government and the national health service on the 1st April, 1974, the health functions of the County Council will pass over to the new Norfolk Area Health Authority and the post of County Medical Officer will disappear. Because of the short time available and the preoccupation of the staff with other matters, this report has of necessity been somewhat curtailed and the statistics are less detailed than in former years because certain of them are not yet available.

The year 1973 has been a traumatic one for all those engaged in the various branches of the National Health Service. There has been a great deal of extra work in preparation for reorganisation and there has been much anxiety and uncertainty about the future. In spite of this, a perusal of the report will show that services have been maintained, and developed where possible, during the year. An additional complication has been the transfer early in 1974 of the department from County Hall to the Surrey Street office block in the centre of Norwich.

It is not proposed to comment in detail on individual services or statistics here; the reader is referred to the body of the report. A review of the services provided since 1948 was presented to the last meeting of the Health Committee and is reproduced here as an appendix. The economic condition of the county has had an effect on the provision of some of our services, particularly those involving capital expenditure. Up to quite recently the development of the health centre programme has been strongly encouraged by the Department of Health and Social Security and yet suddenly the 1973-74 programme was completely axed in mid-year. It is particularly disappointing that one of the last official communications I had from the Department was to tell me that the entire Norfolk health centre programme for 1974-75 had been deleted, apart from the King's Lynn centre which, in any event, was due to start in 1973-74. This communication was received with great regret, bearing in mind the amount of work that has been put into the preparation of health centre projects both by the general practitioners and by the health department and it is understandably difficult for the family doctors to accept 100% cut in health centres when it was stated that capital expenditure would be cut by only 20% during next year.

I am grateful to have this opportunity of expressing my thanks to all the staff of the health department for their loyal and enthusiastic service over the years. I have greatly appreciated their support and have enjoyed working with them in the common aim of maintaining and improving the health of Norfolk.

Inevitably during the next few months health department staff in the field, at local health offices and at headquarters will be transferred to permanent niches in the unified service. To those who gain new posts outside the county and to those who remain with the new Norfolk Area Health Authority I would like to express my very best wishes for their future success and my hope that they will find satisfying work in the new organisation. I am quite sure that they will apply the same skill and enthusiasm in the new service as they have shown so abundantly in the past.

In conclusion I would like to express my thanks to the Chairman and Members of the Health Committee for their support and interest over the years. My thanks are also due to the voluntary bodies and many others for their contribution towards the health of the community and to the chief officers and staff of other County Council departments for their helpful co-operation at all times.

A. G. SCOTT

Health Department
Norfolk Tower
Surrey Street
Norwich, NOR 48A
Telephone: Norwich 60914

March, 1974

FINAL REPORT OF HEALTH SERVICES SUB-COMMITTEE

Report by County Medical Officer

As this is the last occasion on which the opportunity will occur, it has been suggested that in my final report I should outline the history of the development of the Health Services Sub-Committee, mention the personalities involved with it and its predecessors, touch on the various aspects of health work it covers and refer to its many achievements in providing and developing services for the well-being of Norfolk residents.

The Health Services Sub-Committee has exercised its present powers and responsibilities since 1972, initially under the Chairmanship of the late Mr. F. G. Jackson. Following the sad death of Mr. Jackson later in the year, Mrs. L. A. Nickerson became Chairman (and of the full Health Committee) with initially Mrs. J. Watson-Cook, and then Mrs. Grace Darbyshire-Bowles, as her Vice-Chairman. I had worked in association with Mr. Jackson for many years and had developed a great respect for him, coming to regard him not only as my Chairman but as a friend.

The relationship between Chairman and Chief Officer can be a delicate one but I am very happy to have this opportunity of publicly stating how great a pleasure it has been to work with Mrs. Nickerson and how much I have appreciated her support and interest in the work of the health department. If I may be permitted to say so, I have been very fortunate in having the privilege of working with two absolutely first class Chairmen of the Health Committee, who also chaired the Sub-Committee dealing with all the services for which I am responsible at chief officer level.

As I have just said, the present Health Services Sub-Committee is now responsible for all the functions of the Health Committee with which I am involved and it has evolved over the course of time, from the other Sub-Committees apart from the Water Supplies and Sewerage Committee, and the Mental Health Sub-Committee which was disbanded in 1971 when its functions were taken over by the Social Services Committee.

The Health Services Sub-Committee was *initially* formed in 1960 by the amalgamation of the Disabled Persons and Domestic Help Sub-Committee and the Maternity and General Welfare Sub-Committee, both of which had existed from 1948. The first Chairman of the Disabled Persons Sub-Committee was the late Mr. A. Cozens Hardy with Mrs. Darbyshire-Bowles as Vice-Chairman. Mrs. Darbyshire-Bowles became Chairman in 1955 and remained so until the merger in 1960.

Among the notable Chairmen of the Maternity and General Welfare Sub-Committee were Lady Mayhew (1953-1958) and Mrs. J. Watson-Cook from 1958 until 1960, having previously been Vice-Chairman from 1955. Mrs. Watson-Cook became the first Chairman of the new Committee with Mrs. Darbyshire-Bowles as her Vice-Chairman. In 1971 certain of the powers of the Health Services Sub-Committee were transferred to the Social Services Committee.

The Health Services, Finance and Bills Sub-Committee established in 1948 became the Health Services Finance Sub-Committee in 1956 and was disbanded in 1960, part of its functions being passed to the Health Services Sub-Committee, and the remainder to the then newly created Ambulance, Staff and General Public Health Sub-Committee.

An Ambulance Services and Health Centres Sub-Committee was set up in 1948 under the Chairmanship of the late Rear Admiral A. H. Taylor, becoming the Ambulance, Staff and General Public Health Sub-Committee with added duties in 1960 (see previous page) with the late Mr. Jackson as Chairman. He continued in this role until it merged with Health Services Sub-Committee in 1972.

As the work of the Sub-Committee covers a wide spectrum of health activities, I have had to be selective in the services mentioned in this report.

One thing must be said. In all its activities the Sub-Committee has wished to work very closely with associated voluntary bodies and I am very pleased to have this opportunity of placing on record my appreciation of all the help given by so many voluntary organisations, although it would be invidious to single out any one for special mention. The role of the volunteer is even more important in a rural area for dealing with the local situations where it is impossible to have the same cover by professional staff as is possible in a built-up area.

Child Health Services

These cover a wide range of services and are among the most important provided through the Sub-Committee as to ensure a healthy adult population it is essential to supervise health in early childhood.

Perhaps the most vulnerable group of all are the premature children and much has been done over the years to improve services for their care. Ideally prematurity should be anticipated if at all possible and the mother confined in hospital where all facilities are available. Alternatively adequate arrangements must be made for the safe transport of babies born at home who have to be admitted to hospital. The figures over the past twenty-five years show that although the percentage of premature babies among all live births has remained fairly constant at about 5%, the number of premature babies born in hospital has increased from 30% to 86%. Part of this increase must be due to the greater proportion of mothers now having their babies in hospital anyway but it is also partly due to the risk of prematurity having been anticipated and the mother admitted to hospital for delivery. To be able to achieve this there must be a sufficient number of beds and their availability indicates how the hospital maternity services have developed over the years.

To deal with the premature baby born at home, Queen Charlotte type oxygen tents were provided in 1950 and kept in King's Lynn, Dereham, and Norwich. In time they became obsolete and arrangements were made in 1967 for portable incubators to be made available from the hospitals and electric plugs were fitted in our ambulances to permit an adequate temperature being maintained during the journey. Associated with this was the development of Paediatric Flying Squads consisting of hospital medical and nursing staff who are prepared to go out to the home with specialist equipment, accompanied by the ambulance and incubator. 83% of premature babies survived to the 28th day in 1949. This figure is now 91%.

The infant welfare centre or child health clinic as it is now known, has always been the mainstay of the child health service. Much progress has been made in the past twenty-five years. In 1949, the first full year of the health service there were forty-six centres which, because of transport difficulties, only effectively catered for half the county. For an experimental period of six months buses were provided in the more rural areas. They increased attendances by 74% but had to be abandoned because of the cost. Nursing staff were consulted regarding suitable points where village centres could be established and the role of the thirty-three voluntary centres in relation to this survey was also considered. Total yearly attendances at this time were 23,679.

With the ending of the agency agreement with the Norfolk County Nursing Association the voluntary centres became part of the county organisation in 1959 although R.A.F. and U.S.A.A.F. centres continued. After a slight decline in attendances from 1953-1958 they steadily rose from 1959 onwards due to the mothers' interest in having their children immunised, especially against poliomyelitis.

In 1969 arrangements were made for medical staff in rotation to attend courses at Cambridge on developmental paediatrics in accordance with the recommendations of the Sheldon Committee.

The latest figures available (for 1972) show that there are now 148 centres with a total attendance during the year of 62,129, more than twice the number attending in 1949.

Other services for the welfare of young children were introduced during the period under review. In 1951 for example a few isolated cases came to light of infant methaemoglobinaemia or "blue babies", due to the babies being given bottle feeds prepared from high nitrate content water from shallow wells. Arrangements were made for samples of all such water supplies for pregnant women to be collected during the ante-natal period and subjected to a simple test in the health department. Doubtful samples were referred to the Public Analyst for further testing and when the nitrate content was above a certain level arrangements were made for an alternative safe water supply before the baby was born. These arrangements have continued uninterrupted from 1951 although with the extension of piped water supplies the number of families at potential risk has decreased and no cases have occurred for many years now.

A simple test for phenylketonuria, a form of mental retardation susceptible to dietary control where early diagnosis is of paramount importance, was introduced in 1960. Tests were carried out by the health visitor at three weeks and at six weeks. This was replaced by a more delicate blood test (The Guthrie test) performed at the Regional Centre in Cambridge. The drop of blood is collected by a member of the nursing staff as soon as possible after the ninth day and before the fourteenth day. Co-operation was established with the maternity units to ensure that babies born in hospital who may be discharged after varying lengths of time were covered. Phenylketonuria is a very rare disease but we have detected some cases in Norfolk and arranged for the early institution of dietary treatment.

Hearing tests on babies at special risk of being deaf because they fall within one of several categories noted on the notification of birth card are carried out by specially trained nursing staff at about seven months and doubtful cases referred for further investigation. An "at risk" register was set up, modified and finally put on the computer in late 1971 together with child health and immunisation records.

One final development introduced in 1954 has caused a great deal of work for the administrative and clerical staff. This was the transfer from the Ministry of Food of the National Welfare Food Scheme making the Health Department responsible for the accounting and the distribution of national dried milk, etc., throughout the county.

Nursing

In 1948 nursing services were provided by some 140 District Nursing Associations, the majority being affiliated to the Norfolk Nursing Federation which also contributed towards the salary of the County Council's supervisory staff at headquarters. Combined nursing duties (home nursing, midwifery and health visiting) were carried out by about 150 district nurses/midwives of whom

only nine held the Health Visiting Certificate. This agency arrangement was terminated on 31st March, 1958, when the Council directly employed nursing staff including full-time health visitors. A fleet of cars, some of which were originally taken over from the District Nursing Associations, made available for those district nurse/midwives who were unable to provide their own transport, has grown from forty-six in 1948 to seventy-five in 1974.

Purpose-built accommodation for nurses was commenced in 1951 and sixty-one houses are now owned by the Authority.

It is difficult to compare numbers of staff employed in 1948 with 1973 because of the considerable number of part-time nurses employed under the agency arrangements all carrying out different proportions of work in the three branches of the service but the following is an indication of the increase, since 1958 when the Council first provided a direct service.

						1958	1973
Supervisory staff	5	8
Health visitors	2	55
Health visitor/school nurses			15	—
School nurses	6	1
Midwives	7	34
Home nurses	8	50
Combined duties	120	78
Nursing Assistants	—	10
						—————	—————
						163	236
						—————	—————

The nursing services have seen some important developments particularly since 1958, one of the most significant being the attachment of all three types of nursing staff to general practices. Starting early in 1965 at Fakenham and Thetford a comprehensive planned attachment scheme was launched in 1969 and completed in 1972.

The health visiting service has steadily progressed since the early days when the major commitment was with young children, to caring for all age groups with a corresponding decline in general school nursing duties but an increasing involvement in specialised activities such as developmental assessments and hearing and vision testing.

The Council’s training scheme for district nurses was started in 1962 to supplement the then existing training facilities for health visitors and statutory refresher courses for midwives. There has been a marked increase in the numbers of early discharges from hospitals calling for greater facilities for home nursing. The midwifery service too, while home confinements have decreased, has dealt with large increases in early discharges including the assessment of homes in relation to suitability. The swing from domiciliary to institutional confinements has been most marked over the years. In 1948, 84 % of births took place at *home* whereas in 1973 80 % occurred in *hospital*.

Parentcraft classes introduced in 1955 at eleven centres have continued to grow in popularity now reaching nearly 10,000 attendances at over forty centres.

Family Planning

In 1948 grants were paid to the Norwich Mothers' Clinic and the Cambridge Women's Welfare Association for giving advice to Norfolk mothers. The first county clinic was opened in 1957 at the King's Lynn Local Health Office by the Family Planning Association, initially on the basis of two to three sessions a month and the County Council paid them a grant.

Over the years the facilities were extended. Arrangements were made for Norfolk mothers to attend the Great Yarmouth clinic and further clinics were opened by the Family Planning Association at Thetford, Cromer, East Dereham and Fakenham. The County Council provided the premises and the basic equipment together with an annual grant.

The National Health (Family Planning) Act, 1967, gave a stimulus to further extensions of the family planning services. After discussions with the Family Planning Association and with the local obstetricians regarding definition of medical and social need, a scheme was approved by the County Council by April, 1968, when it was agreed that a capitation fee should also be paid when medical grounds or social need could be established. In 1970 the County Council adopted one of the Family Planning Association National Family Planning Agency Schemes to take effect in April, 1971. From this date onwards the annual grant to each clinic was discontinued and a standard national capitation fee was paid for each case qualifying for free service. No distinction was now to be made between medical and social cases, any women being eligible for treatment whose health would be expected to suffer by the increased mental, physical and social burdens placed on her by her pregnancy.

In 1971 the County Council also agreed in principle to provide a directly administered domiciliary family planning service free of charge for cases referred by family practitioners, nursing staff and social workers. This scheme was introduced in 1973. On the 1st January, 1973, the Agency Scheme with the Family Planning Association was extended to provide free consultation and examination for all patients with free supplies to medical cases only as defined above.

At the present time talks are taking place on the introduction of a directly provided clinic in the Long Stratton Health Centre manned by the local general practitioners.

The number of women taking advantage of the services provided by your Sub-Committee has increased very much over the years. No figures are available for the years before 1968 but during that year seventy-one cases were seen and this has increased at the rate of about 70% a year on average to 574 cases in 1972. There was some concern that many cases would be referred on social grounds but this has not been so. The percentage of cases assisted on social grounds has averaged about 13% and is falling.

Welfare of the Physically Handicapped

ADAPTATIONS TO LIVING ACCOMMODATION

Up to 1971 when the responsibility for welfare services was transferred to the new Social Services Committee, the Health Services Sub-Committee assisted handicapped persons with adaptations to premises to enable them to live as independently as possible. In addition a wide variety of special equipment and aids were provided, much of this part of the service being operated from local depots organised by the British Red Cross Society and St. John Ambulance Brigade.

HOME DIALYSIS

Special facilities for patients treated at home with kidney machines are provided for either in the form of adaptation to an existing room or by the provision of a purpose-built Portakabin to house the machine and serve as the necessary sleeping accommodation.

Domestic Help Service

Before 1948 there had been a very restricted home help service from 1943 for maternity cases only.

After 5th July, 1948, there was a big recruitment drive in each of the local health areas in conjunction with the voluntary bodies, a county organiser was appointed and the service extended to include all households in need.

During 1949, the first full year of the new service, 1,079 cases were assisted, 35% of whom were short-term maternity cases and 46% were ordinary sick, while "old age and infirm" cases amounted only to about 17%.

The service expanded greatly over the years with ever-increasing demands for help for elderly and infirm patients. Several assistant organisers had to be appointed to ensure that adequate help was given and to prevent abuse.

The home help service became the responsibility of the Social Services Committee in 1971 and it is interesting to note that during the last full year of this Sub-Committee's concern with the service 3,555 cases were being assisted, many of them throughout the year, and 96% of the patients were in the "elderly and infirm" categories. The service was being operated by the home help organiser and twelve assistants, who frequently became involved in massive clean up operations in the homes of problem or near problem families and infirm persons.

Chiropody Service

In 1959 local health authorities were encouraged by the Ministry of Health to establish or extend chiropody services, giving priority to the elderly, the physically handicapped and expectant mothers.

An existing scheme was operated by the Welfare Committee through the agency of the voluntary Norfolk Old People's Welfare Association. In 1962 the Health Committee introduced a domiciliary chiropody service and appointed a whole-time chiropodist. More staff had to be appointed over the years as the demand for the service grew and the waiting lists and intervals between treatments increased. The staff of salaried chiropodists is now eleven.

In 1971 the responsibility for the agency service was taken over by the Sub-Committee and integrated under a chief chiropodist.

During 1963, the first full year of the domiciliary service, 559 patients were given 1,957 treatments compared with 4,185 patients having 12,863 treatments in 1972. Parallel with this the voluntary scheme provided 22,000 treatments in 1963, rising to 37,017 in 1972.

Vaccination

The diseases against which protection is available can be seen from the table below. In 1948 only smallpox vaccination (now discontinued) and diphtheria immunisation were available. At that time the post war poliomyelitis epidemics were occurring and these together with measles and whooping cough were responsible for most of the deaths from infectious disease.

Successively vaccination against whooping cough, poliomyelitis and measles were introduced to guard child health and, most recently, rubella vaccination to protect the unborn child.

In 1972 85% of children were immunised against diphtheria and whooping cough and 90% against poliomyelitis.

				<i>Cases</i>		<i>Deaths</i>	
<i>Introduced</i>				1948	1972	1948	1972
Smallpox	Pre-1948 Discontinued 1971	—	—	—	—
Diphtheria	Pre-1948	8	—	—	—
Whooping Cough	..		1953	1,591 (1,691 in 1953)	52	5	—
Poliomyelitis		..	1956	25 (6 in 1956)	—	3	—
Tetanus	1957	—	1	—	—
Measles	1968	3,654	1,158	5	—
Rubella	1970	—	—	—	—

Health Centres

Although health centres were heralded in 1948 as the cornerstone of the new National Health Service, for a variety of reasons little progress was made in their development over a number of years.

The first move in Norfolk was in 1967 with the proposal to adapt Grove House, Dereham, for office and clinic purposes with provision for group practice accommodation. Added impetus resulted from the issue during the year of a Ministry of Health Circular giving detailed guidance on the provision of health centres and discussions were initiated on the possibility of establishing a health centre in King’s Lynn.

Over the years, several other projects were mooted. All involved a large number of discussions with the various interested parties. A few were discarded and some had to be modified due to changes in the local practices’ organisation. A recurring problem and delaying factor was the great difficulty in acquiring suitable sites.

However, some considerable progress has been made since 1967. Long Stratton Health Centre was opened at the beginning of 1973, Wells Health Centre is nearing completion and others would, by now, have been in the course of construction but for the restrictions on capital developments due to the economic situation.

At the conclusion of the involvement of the Sub-Committee with health centres, projects are at the planning stage or in the capital programme for Diss, King’s Lynn (2), North Walsham, Brundall, Acle, Hemsby, Litcham, Wymondham, Sheringham, Upwell/Outwell, Watlington, Watton and Norwich fringe. There is certainly a sufficiently large programme in the pipe line to keep the new Authority occupied for the next few years, given a favourable financial climate.

It is my firm belief that health centres, where accepted and desired by the local general practitioners, can greatly help integration by bringing *all* domiciliary health services together and allowing them to work in the closest possible co-operation with each other.

The Ambulance Service

Before the 5th July, 1948, the County Council provided transport only for infectious diseases cases in conjunction with certain boroughs and urban districts. The Norfolk Constabulary had one ambulance for accident cases, the St. John Ambulance Brigade and the British Red Cross Society providing an ambulance service and a car service for non-infectious cases. Negotiations took place with all the voluntary associations and a Joint Advisory Committee was set up to provide a complete ambulance and car service for the county on an agency basis after the 5th July, 1948. It was agreed that the County Council would pay 1s. 6d. a mile for ambulance journeys and 6d. a mile for sitting cases, together with a subsistence allowance to drivers and attendants. Twenty-five ambulances were used by the Joint Advisory Committee during the first year, the infectious cases being dealt with directly by the County Council.

Since this time both the ambulance service and the hospital car service have developed steadily and this is illustrated in the following table which compares the first full year of the health service (1949) with 1972 the last year for which records are available:

			<i>Ambulance Service</i>		<i>Hospital Car Service</i>	
			<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>
1949	7,591	220,669	25,792	888,294
1972	33,998	695,000	94,768	2,049,413

With the continually growing demand on the ambulance service the time came when a sufficient number of volunteers was not available to meet it and gradually paid staff had to be appointed. Because of the growing cost and complexity of the service, arrangements had to be centralised, first by the introduction of radio control in 1957 and then by the centralisation of the ambulance controls on Norwich and King’s Lynn. In 1964 a 24-hour control was opened at Norwich.

Following the publication of various reports on ambulance vehicles, equipment and training, progress was made in standardising vehicles and in-service training was introduced in 1965. At the same time planning began to provide purpose-built or separate ambulance stations. Eventually three were built at King’s Lynn, East Dereham and Thetford and rented accommodation used for the Norwich District.

In 1968 the first line fleet consisted of thirty ambulances and the central ambulance control was established in the new County Hall handling all emergency, and more than half the routine, calls.

A beginning was made to standardise uniforms and the first of our staff (three station officers) were sent on three week ambulance courses in Surrey. Further equipment was obtained for the ambulances, most being equipped with the Minuteman and in 1971 all were supplied with “Entonox” apparatus. During this year also standard uniforms on a prescribed issue were made available to all staff.

In 1972 a direct service was established, equipment was brought fully up to the national recommendations where necessary and a new radio system was installed. In 1973 the Norwich and King’s Lynn Controls were amalgamated in County Hall.

The ambulance and hospital car services are vital and a great deal of time has been spent by the Sub-Committee in considering various aspects of their activities. Although it is sad to come to the parting of the ways with the voluntary bodies, it was perhaps inevitable due to changing conditions and demands but nevertheless it was only because of the efforts of the voluntary bodies both before and after 1948 that it has been possible to build up the efficient service we have today. Our grateful thanks are due to all volunteers who have been associated in one way or another with the ambulance service. The Hospital Car Service continues with its 200 voluntary car drivers and our thanks are also due to them for the excellent job they do in this very important service.

The Health of Norfolk, 1908-1972

Although details of services given so far cover the period from 1948, the Health Department was set up in 1908 when the first County Medical Officer was appointed. It was felt that it might be of interest to include a few comparisons on the state of health then as reflected in the vital statistics with the position in 1972 (the last year for which figures are at present available).

	1908	1972
1. Birth rate per 1,000 population	22	14.8
2. Death rate per 1,000 population	13	12.4
3. Death rate of infants under one year per 1,000 live births	102	16.1
4. Maternal Mortality rate per 1,000 total births	3.5	Nil
5. Diphtheria cases	340	Nil
6. Death rate from cancer per 100,000 population	110	256
7. Tuberculosis—all forms:		
(a) New case rate per 100,000 population	160	11
(b) Death rate per 100,000 population ..	135	2

It will be seen that the birth rate has fallen by one-third from 1908 to 1972 but that the infant mortality rate has fallen nearly 8 times. In 1908 deaths resulting from childbirth were at the rate of 3.5 women per 1,000 total births. During 1972 not a single mother died from this cause.

Diphtheria too has been eliminated as a cause of death or even illness. It will be noted that in 1908 there were 340 cases; not one was reported in 1972. Much of the credit for this very satisfactory state of affairs is due to the Committee for introducing an energetic immunisation programme and to all the general practitioners and County Council staff who carried it out.

The death rate from cancer, on the other hand, has more than doubled between 1908 and 1972. Part of the increase at least must be attributed to the greater number of deaths from cancer of the lung and bronchus which now account for nearly one-quarter of all cancer deaths. As recently as 1954 (20 years ago) they were responsible for only one-eighth of all cancer deaths.

However, the future is much brighter on the tuberculosis front. Thanks to improved standards of living, B.C.G. vaccination, early detection and effective antibiotic treatment, the case and death rates have dropped dramatically from 1908 as the table shows.

Conclusion

This short summary of the work of the Sub-Committee since 1948 and its achievements during that period, together with the brief note on the changes in vital statistics since the appointment of the first County Medical Officer in 1908 gives some indication of the improvement of the health of the community and the great extension of services made available by the County Council through the Sub-Committee.

I would like to thank all members of the Sub-Committee for their great encouragement and for the support they have always given for the implementation of new schemes or the modification of old ones for the wellbeing of the inhabitants of Norfolk.

It is with real regret that my association with the Sub-Committee and with the County Council will terminate at the end of March. For my part it has been a very happy association and one which I shall greatly miss and look back on with pleasure and satisfaction at the work we have been able to do together.

A. G. SCOTT,
County Medical Officer.

Health Department
Norfolk Tower
Surrey Street
Norwich, NOR 48A

14th February, 1974

STAFF

(At 31st March, 1974)

County Medical Officer and Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., M.F.C.M., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., M.F.C.M., D.P.H. (to 28.2.74)

Senior Medical Officers:

A. N. HUNTER, M.B., Ch.B., M.F.C.M., D.P.H. (to 28.2.74)

A. S. LINDSAY, M.B., Ch.B., M.F.C.M., D.P.H.

Assistant Senior Medical Officer:

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P., M.F.C.M.

County Departmental Medical Officers and District Medical Officers of Health:

J. McD. HANLEY, L.R.C.P., L.R.C.S., L.R.F.P. & S., M.F.C.M., D.P.H.

R. D. HARLAND, M.R.C.S., L.R.C.P., M.F.C.M., D.T.M. & H., D.P.H.

G. R. HOLTBY, M.D., M.F.C.M., D.P.H., D.I.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., M.F.C.M., D.P.H.

L. G. POOLE, M.B., Ch.B., M.F.C.M., D.T.M. & H., D.P.H. (to 18.3.74)

Departmental Medical Officers:

Full-time

E. J. APPEGATE, M.B., B.S., D.Obst.R.C.O.G.

SYBIL E. CATOR, M.B., Ch.B.

E. B. PHILLIPS, M.B., B.Ch., B.Sc.

KATHERINE B. WORLEY, M.B., Ch.B., D.P.M.

Part-time

PAMELA L. C. BAVIN, M.B., Ch.B., D.Obst.R.C.O.G.

CHRISTINE R. COUPLAND, M.B., Ch.B.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

J. D. FRASER, M.D., D.P.M.

DOROTHEA M. HOOPER, M.B., B.S.

PAMELA HUNTER, M.B., B.S., D.P.H.

BARBARA I. JOHNSON, M.B., Ch.B., D.Obst.R.C.O.G.

MARGARET C. RICHARDS, M.B., B.S.

A. S. ROBERTSON, M.B., Ch.B.

EILEEN M. STEELE, M.B., B.S.

Chest Physicians:

G. F. BARRAN, B.A., M.D. (to 31.3.73)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.

ROSEMARY A. MULLIGAN, B.Sc., M.D., M.R.C.P. (from 1.4.73)

Chief Dental Officer:

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)
J. L. TAYLOR, L.D.S., R.C.S. (Edin.)
A. M. WILSON, T.D., L.D.S., R.C.S. (Edin.)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

Full-time

RUTH M. ALLTON, B.D.S.
B. BOYD-COOPER, M.R.C.S., L.R.C.P., L.D.S., R.C.S. (Eng.)
L. W. BROCKHURST, B.D.S.
G. B. BROWN, B.D.S. (from 12.2.73)
IRENE COLLARD, L.D.S. (to 5.1.74)
E. V. DOWNES, L.D.S., R.C.S. (Eng.)
KATHERINE A. LEWIS L.D.S., R.C.S. (Irel.) (from 1.2.73)
A. C. MacLEOD, L.D.S., R.C.S. (Edin.)
C. E. MORRIS, B.D.S., L.D.S., R.C.S. (Eng.)
R. SHARP, L.D.S., R.C.S. (Eng.)
MARGARET WILSON, L.D.S., R.C.S. (Edin.)
J. A. McMULLAN, F.F.D., R.C.S. (Irel.) (from 1.1.73 to 30.11.73)

Part-time

G. N. W. BOOTH, L.D.S., R.C.S. (Eng.) (to 9.3.73)
DEIRDRE A. CUBITT, B.D.S., L.D.S., R.C.S. (Eng.)
A. H. ROBB, B.D.S. (from 12.3.73)
J. N. PEPPIT, L.D.S., R.C.S. (Eng.), B.D.S. (Lond.) (temporary from 4.2.74)

Director of Nursing Services:

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Divisional Nursing Officer:

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N. (to 31.5.73)
MISS M. J. ELLIOTT, S.R.N., S.C.M., H.V.Cert., Q.N. (from 1.6.73)

Area Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS H. M. H. LONGHURST, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS M. WELLS, S.R.N., S.C.M., H.V.Cert., Q.N.

County Public Health Inspector:

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Assistant County Public Health Inspector:

A. C. COOPER, C.S.I.B.

Chief Administrative Officer:

R. A. G. HARPER, F.H.A.

Senior Administrative Officers:

J. A. BUSSEY, D.M.A.
A. E. SCRUBY, A.C.I.S.
R. H. YATES

Chief Ambulance Officer:

L. M. CAPLE, A.I.A.O., M.I.A.I.

Deputy Chief Ambulance Officer:

M. HANDY, G.I.A.O., M.I.A.I.

Chief Chiropodist:

C. FLEMING, M.Ch.S.

Senior Chiropodists:

T. A. AKERS, M.Ch.S. (from 10.12.73)

L. W. BATTRICK, L.Ch.

J. F. BEVAN, M.Ch.S.

MISS M. F. A. CROWTHER, M.Ch.S. (from 24.9.73)

MRS. G. M. DOLE, M.Ch.S.

L. EDEN-MORRIS, M.Ch.S.

G. E. PENNEY, M.Ch.S.

R. READER-PARKES, M.Ch.S.

J. S. WESTLAKE, L.Ch.

I. WOODING, M.Ch.S.

Health Education Officer:

MISS G. HOOLEY

County Analyst:

G. S. MEADOWS, M.Chem.A., M.Ph.A., F.R.I.C.

BIRTHS AND INFANTILE MORTALITY

TABLE 1

County district	Population 30.6.73	Live births			Stillbirths			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS																
King's Lynn	29,990	449	53	502	4	3	7	12	2	14	6	2	8	6	2	8
Thetford	15,690	272	21	293	1	—	1	4	1	5	4	—	4	4	—	4
	45,680	721	74	795	5	3	8	16	3	19	10	2	12	10	2	12
URBAN DISTRICTS:																
Cromer	5,720	62	10	72	1	—	1	1	—	1	1	—	1	—	—	—
Diss	4,730	47	4	51	—	—	—	1	—	1	—	—	—	—	—	—
Downham Market	4,120	57	2	59	1	—	1	1	—	1	1	—	1	1	—	1
East Dereham	10,020	155	10	165	1	—	1	1	—	1	—	—	—	—	—	—
Hunstanton	4,140	35	4	39	2	—	2	2	—	2	1	—	1	—	—	—
North Walsham	6,780	90	5	95	—	—	—	—	—	—	—	—	—	—	—	—
Sheringham	4,940	47	4	51	2	—	2	2	—	2	1	—	1	1	—	1
Swaffham	4,420	63	3	66	1	—	1	2	—	2	2	—	2	1	—	1
Wells-next-the-Sea	2,450	23	3	26	—	—	—	1	—	1	1	—	1	1	—	1
Wymondham	9,390	166	4	170	1	—	1	3	—	3	—	—	—	—	—	—
	56,710	745	49	794	9	—	9	14	—	14	7	—	7	4	—	4
RURAL DISTRICTS:																
Blofield and Flegg	45,160	553	36	589	3	—	3	6	1	7	5	—	5	3	—	3
Depwade	21,360	335	16	351	7	—	7	7	—	7	5	—	5	4	—	4
Docking	16,700	171	12	183	2	—	2	3	—	3	3	—	3	2	—	2
Downham	24,620	410	17	427	3	—	3	7	—	7	5	—	5	4	—	4
Erpingham	18,820	177	17	194	2	—	2	2	1	3	2	—	2	2	—	2
Forehoe and Henstead	34,920	454	30	484	3	—	3	2	—	2	2	—	2	2	—	2
Freebridge Lynn	15,150	222	11	233	3	—	3	4	—	4	4	—	4	2	—	2
Loddon	14,350	170	10	180	1	—	1	5	2	7	3	2	5	3	2	5
Marshland	17,850	213	17	230	2	—	2	5	—	5	2	—	2	2	—	2
Mitford and Launditch	19,330	276	11	287	5	1	6	3	1	4	3	1	4	3	1	4
St. Faith's and Aylsham	62,710	904	37	141	5	1	6	11	—	11	8	—	8	8	—	8
Smallburgh	20,550	239	16	255	5	—	5	—	—	—	—	—	—	—	—	—
Swaffham	11,350	206	11	217	1	—	1	3	—	3	2	—	2	2	—	2
Walsingham	18,700	280	13	293	4	1	5	2	—	2	2	—	2	1	—	1
Wayland	21,790	325	15	340	4	—	4	6	—	6	4	—	4	3	—	3
	363,360	4,935	269	5,204	50	3	53	66	5	71	50	3	53	41	3	44
ADMINISTRATIVE COUNTY	465,750	6,401	392	6,793	64	6	70	96	8	104	67	5	72	55	5	60

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage..	1,301,014
Population—Estimated by Registrar-General (mid-1973)	..								465,750
Estimated Product of New Penny Rate for General Purposes (1973-74)	£437,173
Rateable Value for General Purposes (1st April, 1973)							£45,198,576
Live Births									
Number	6,793
Rate per 1,000 population	14.6
Illegitimate Live Births (per cent of total live births)							5.8
Still Births									
Number	70
Rate per 1,000 total live and still births	10.2
Total Live and Still Births	6,863
Infant Deaths (deaths under one year)	104
Infant Mortality Rates									
Total infant deaths per 1,000 total live births	15.3
Legitimate infant deaths per 1,000 legitimate live births	15.0
Illegitimate infant deaths per 1,000 illegitimate live births	20.4
Neo-Natal Mortality Rate (deaths under four weeks per 1,000 total live births)	10.6
Early Neo-Natal Mortality Rate (deaths under one week per 1,000 total live births)	9.7
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births)	18.9
Maternal Mortality (including abortion)									
Number	4
Rate per 1,000 live and still births	0.58

Live Births

6,793 live births were registered giving a rate of 14.6 which was 0.2 lower than for the previous year. With the application of the comparability factor (1.05) the resultant figure is 15.2. The national rate was 13.7.

There were 392 illegitimate live births in 1973 comprising 5.8% of all live births which is 0.3% lower than the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

Still Births

The still birth rate of 10.2 is 1.8 lower than the rate for the previous year. The national rate was 12.

Infantile Mortality

There were 104 deaths of children under the age of one year. The resultant rate of 15.3 shows a decrease of 0.8 from the previous year. The national figure is 17.0.

Seventy-two deaths occurred during the first four weeks of life and, of these, sixty took place during the first week.

Perinatal Mortality

The perinatal mortality rate is defined as the number of still births and deaths in infants under one week per 1,000 total live and still births.

The perinatal mortality rate in this county for 1973 (18.9) shows a decrease on the figure for 1972 (20.8). The national rate was 21.

The figures compiled in this department, with the place of birth, are given below:

Place of Birth				Still Births	Early Neo-natal Deaths	Total
Home	—	6	6
Hospital	67	49	116
General practitioner unit	..			2	—	2
				69	55	124

Maternal Mortality

There were four maternal deaths.

Deaths

During 1973 there were 5,842 deaths and the death rate (12.5) per 1,000 of the estimated population was 0.1 higher than in the previous year. The application of the comparability factor of 0.84 gives a rate of 10.5. The rate for England and Wales was 12.0.

51 % of the deaths were of persons seventy-five years of age or over.

The cancer death rate per 1,000 of the population was 2.54 and the age distribution of deaths was as follows:

	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—	Total
Males	—	1	2	2	6	12	45	147	244	181	640
Females	—	—	4	5	6	22	53	112	163	178	543
	—	1	6	7	12	34	98	259	407	359	1,183

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:

Year	Cancer death rate per 1,000 population				Lung and bronchus— % of all cancer deaths
1964	2.16	20.69
1965	2.11	22.82
1966	2.10	22.57
1967	2.25	22.58
1968	2.26	21.68
1969	2.25	22.08
1970	2.31	25.02
1971	2.45	22.25
1972	2.56	23.51
1973	2.54	23.75

There were eight deaths from tuberculosis, three due to respiratory forms of the disease.

DEATHS BY AREAS AND AGE GROUPS

[illegible]

The following table shows, as percentages of all deaths, the deaths in various age groups during the last twenty years:

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1954	2.7	0.5	0.7	1.6	2.9		16.4		25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1		16.8		25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8		16.6		25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7		17.8		24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4		17.2		24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7		16.5		25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7		17.9		24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5		16.2		23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3		18.0		24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4
1965	2.1	0.3	0.3	0.7	0.8	1.9	4.4	13.0	25.2	51.3
1966	2.2	0.4	0.5	1.3	0.9	1.7	5.3	12.9	23.2	51.6
1967	2.2	0.4	0.4	0.6	0.7	1.6	5.0	13.1	25.9	50.1
1968	1.8	0.5	0.3	0.8	0.9	1.6	4.2	12.7	24.4	52.8
1969	2.1	0.3	0.3	1.1	0.6	1.5	4.8	12.8	26.3	50.2
1970	1.9	0.3	0.5	1.0	0.6	1.8	4.4	13.1	27.4	49.0
1971	2.0	0.3	0.5	0.8	0.7	1.7	4.2	12.3	27.7	49.8
1972	1.9	0.3	0.5	0.8	1.0	1.4	4.1	12.2	26.8	51.0
1973	1.8	0.2	0.4	0.8	0.9	1.5	4.5	11.9	27.0	51.0

II. AREA ADMINISTRATION

Due to considerations arising from the forthcoming reorganisation of both the national health service and local government arrangements were made in July to transfer the administrative offices covering local health areas 1, 2 and 5 from Aspland Road, Norwich, to the first floor suite of offices situated at Grosvenor House, Prince of Wales Road, Norwich. Part of this office suite had been occupied by one of the Area Teams of the Social Services department which was simultaneously transferred to Aspland Road.

The post of county departmental medical officer and district medical officer of health, area No. 6, has not been filled and arrangements continued for the medical officers in the adjoining areas No. 4 and No. 5 to undertake an additional 1½ sessions weekly in respect of district medical officer of health duties. The county departmental medical officer's duties continued to be carried out by existing medical staff.

Local Health Area	County District Councils	Popula- tion (esti- mated mid- 1973)	Area popula- tion	Medical Officers' weekly sessions	
				County Council	County District Councils
1	North Walsham Urban .. Blofield & Flegg Rural .. Smallburgh Rural ..	6,780 45,160 20,550	72,490	5½	4½
2	Cromer Urban Sheringham Urban .. Erpingham Rural .. St. Faith's & Aylsham Rural	5,720 4,940 18,820 62,710	92,190	4½	5½
3	East Dereham Urban .. Mitford & Launditch Rural Hunstanton Urban .. Wells-next-the-Sea Urban Docking Rural .. Walsingham Rural ..	10,020 19,330 4,140 2,450 16,700 18,700	71,340	3½	6½
4	Downham Market Urban Downham Rural .. Marshland Rural .. King's Lynn Municipal Borough .. Freebridge Lynn Rural ..	4,120 24,620 17,850 29,990 15,150	91,730	4½	5½
5	Diss Urban Wymondham Urban .. Depwade Rural .. Forehoe & Henstead Rural Loddon Rural ..	4,730 9,390 21,360 34,920 14,350	84,750	4	6
6	Thetford Municipal Borough Swaffham Urban .. Swaffham Rural .. Wayland Rural	15,690 4,420 11,350 21,790	53,250	(6) In abeyance	(4)

III. HEALTH CENTRES

The building of health centres at King's Lynn (Gayton Road), Diss, North Walsham, Acle and Brundall was due to be commenced during the financial year 1973-74, but approval was withheld by the Department of Health and Social Security for reasons attributed to the national escalation of health centre expenditure in recent years and the consequent current lack of funds to meet further expansion.

Nevertheless, planning of centres and purchase of sites continued, since it was stated by the Department that the selection of the 1974-75 building programme would be contingent, amongst other things, upon the stage of planning reached. Ultimately a ruling was received from the Department that only the King's Lynn (Gayton Road) health centre could proceed in 1974-75.

The progress made in individual projects by the end of the year was as follows:

Long Stratton

This was the county's first health centre and it was opened on the 19th January, 1973.

Wells-next-the-Sea

This centre is nearing completion and final arrangements have been made for the supply of furniture and fittings.

Diss

Negotiations for the purchase of a site are almost complete. The schedule of accommodation has been agreed with the general practitioners.

King's Lynn (Gayton Road)

Tenders are about to be invited and it is hoped that work will shortly commence.

North Walsham

The purchase of the site is proceeding. The schedule of accommodation has been agreed.

Brundall

A private architect has been appointed and plans have reached the stage where tenders may be invited and approval to building is given by the Department.

Acle

A private architect has been appointed and plans have reached the state where tenders may be invited and approval to building is given by the Department.

Litcham

The purchase of a site is nearing completion. The schedule of accommodation has been agreed.

Hemsby

Negotiations for the purchase of a site are proceeding.

Stalham

This project was listed in the 1972 annual report. Since then certain of the general practitioners have withdrawn their interest and the Norfolk Executive Council has decided not to proceed.

Wymondham

The purchase of a site is proceeding. The schedule of accommodation has been agreed.

King's Lynn (Central)

The purchase of a site has been completed. A private architect has been appointed and a sketch plan and schedule of accommodation has been agreed.

Upwell and Outwell

Watton

Norwich Fringe Area

Sheringham

Health centres at these places have also been put forward by the Norfolk Executive Council and exploration is being made for suitable sites.

North and South Wootton

Watlington

The possibility of health centres being erected in these places is being considered in the context of the County Planning Officer's developmental plans.

In addition to the accommodation provided for general medical practitioners, all the above centres will accommodate local health authority services which are at present held in other premises. The services include child health clinics as well as developmental paediatrics, health education, mothercraft classes, ante-natal clinics and chiropody clinics. Consideration is being given to the inclusion of family planning clinics in at least some of the health centres.

In most cases, provision has also been made for accommodation which will be shared by local authority departments after 31st March, 1974, for visiting social workers, educational psychologists, etc.

IV. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

The total number of hospital and domiciliary births showed a small increase in comparison with 1972, with the proportion of births taking place in hospital rising significantly during 1973 to the high level of 85%. The table below shows how the proportion of hospital confinements has increased over the past ten years:

Year	Total births	Domiciliary births		Institutional births	
		No.	% of total	No.	% of total
1964	6,779	3,184	47	3,595	53
1965	6,809	3,062	45	3,747	55
1966	6,668	2,826	43	3,842	57
1967	6,712	2,539	38	4,173	62
1968	6,823	2,367	35	4,456	65
1969	6,690	1,921	29	4,769	71
1970	6,755	1,741	26	5,014	74
1971	7,004	1,550	22	5,454	78
1972	6,688	1,330	20	5,358	80
1973	6,774	1,036	15	5,738	85

The Council's domiciliary midwives assessed the circumstances of 1,002 expectant mothers applying for a hospital booking on social grounds but it was not considered necessary to recommend admission in 22% of them.

In addition, domiciliary midwives assessed the suitability of the home of each hospital booked case for early discharge and 2,616 assessments were made, including 420 relating to North Walsham and Longacre maternity homes.

Care of Premature Infants

During 1973 there were 413 premature live births to mothers normally resident in the administrative county of Norfolk. The analysis of these premature infants and comparable births for the last ten years are given below:

Year	Total Births	Premature infants							
		Born alive		Born in hospital		Born at home or at nursing home		Survived 28 days	
		No.	% of total births	No.	%	No.	%	No.	%
1964	6,804	399	5.9	281	70	118	30	345	86
1965	6,766	378	5.6	288	76	90	24	323	85
1966	6,618	380	5.7	267	70	113	30	340	89
1967	6,770	341	5.0	246	72	95	28	299	88
1968	6,807	376	5.5	270	72	106	28	339	90
1969	6,690	402	6.0	308	77	94	23	352	88
1970	6,755	405	5.9	330	81	75	19	369	91
1971	7,004	411	5.9	352	86	59	14	363	88
1972	6,688	363	5.4	313	86	50	14	323	89
1973	6,774	413	6.1	375	91	38	9	384	93

The number of premature births rose during the year and represented 6.1% of the total number of births. It is encouraging to note that 93% of premature infants survived twenty-eight days, the highest figure over the past ten years, and a very high percentage (91) of these births took place in hospital.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council but midwives are encouraged to attend general practitioner clinics and to co-operate with family doctors in providing ante-natal care.

Parentcraft Classes

The teaching of parentcraft to expectant mothers and fathers by domiciliary midwives and health visitors has continued through the year. These classes were held in thirty-four centres and there were 8,813 attendances; 1,700 expectant mothers attended of whom 470 were booked for domiciliary confinement.

The course normally comprises nine sessions, one class being a joint session for both parents.

The programme includes instruction in relaxation and exercises and talks and demonstrations are given by the nursing staff.

Child Health Clinics

Five centres were closed during 1973 because of low attendances which were often aggravated by the poor state of the accommodation available. New clinics were opened at Broome and Tasburgh and improved accommodation secured for use at five centres, including the new health centre at Long Stratton. 146 centres were in operation at the end of the year which provided a total of 2,328 sessions during 1973, varying in frequency from once a week to once a month.

The following table summarises the staffing arrangements:

Number of sessions held by			
Council's medical staff with health visitors	Health visitors only	General Practitioners (employed on sessional basis) with health visitors	Total
1,144	997	187	2,328

The numbers of children who attended were as follows:

Born in 1973	4,964
Born in 1972	3,756
Born in 1968-1971	3,383
Total	12,103
Total attendances	61,627

207 children were referred by clinic medical officers for further investigation and treatment.

The table below shows the numbers of children attending and the numbers of attendances at county clinics over the past five years:

	1969	1970	1971	1972	1973
Number of children attending	11,746	12,194	12,504	11,587	12,103
Attendances ..	59,153	62,159	66,301	62,129	61,627

The number of children attending during the year rose by 516 or 4.5% in comparison with 1972 although the total number of attendances was marginally lower, indicating a slightly lower frequency of attendance.

A further member of the part-time medical staff attended the course in developmental paediatrics at Addenbrooke's Hospital, Cambridge.

Observation Register

The number of children on the computer maintained observation register at the end of the year was 5,546 out of the total number of 14,560 children whose records are on the computer, i.e., those born since 1st November, 1971. This is a high proportion (38%) and arises from the fact that the register includes children who subsequently develop illness as well as other children the health visitor wishes to follow-up for social or other reasons at a particular time.

3,624 of the children on the register were examined during the year, the largest number 1,910 (53 %) were seen at home, 895 (25 %) were seen at a health visitor clinic, 711 (20 %) by local authority medical officers and 108 by general practitioners working in local authority clinics.

An additional 18 children were on the handicapped register at the end of the year, having been previously transferred from the observation register.

Hearing Assessment of Infants

All infants are offered the opportunity to have their hearing tested by health visitors on reaching the age of seven months and during the year 5,953 tests were carried out.

Hearing test results are recorded on the computer for children born after 1st November, 1971, and since the computer scheme was introduced a total of 9,129 of these children have been tested. The position at the end of the year was that the hearing was satisfactory in 9,044 cases, 74 children were being kept under observation and 11 had been referred either to their family doctor or direct to the hearing assessment clinic for further investigation.

Welfare Foods

The following proprietary brands are made available at child health clinics where there is a demand and were being sold at the end of the year at the prices listed (cost plus 10 % handling charge):

Cow and Gate Full Cream	36p per packet
Ostermilk No. 2	35p per packet
Humanised Trufood	39p per packet
S.M.A. (Milk Food)	44p per packet

During the year it was decided to discontinue the sale of Virol in clinics, after existing stocks had been cleared, in view of the limited demand.

The amounts of proprietary foods ordered for distribution to local health offices during the past five years have been as follows:

Year	Cow and Gate (1 lb.)	Ostermilk (1 lb.)	Trufood (1 lb.)	S.M.A. (1 lb.)	Virol (Cartons)
1969	28,536	43,920	480	3,180	936
1970	34,656	26,544	300	3,216	900
1971	33,288	18,240	564	2,424	468
1972	20,754	8,544	924	1,050	72
1973	17,784	6,480	1,896	672	108

The quantities of all proprietary brands of milk foods distributed during each of the past five years were as follows:

1969	76,116 packets
1970	64,716 packets
1971	54,516 packets
1972	31,272 packets
1973	26,832 packets

National welfare foods continued to be made available at local health offices, child health clinics and voluntary distribution centres.

Cod liver oil had been discontinued in 1972 and during 1973 remaining stocks of orange juice were cleared so that by the end of the year the foods being distributed under the national scheme were national dried milk, vitamin A, D and C drops and vitamin A, D and C tablets (vitamin C tablets were also being issued to a limited extent for use in combination with the old vitamin A and D tablets, where stocks of the latter still remained).

Issues of national welfare foods during the last five years have been as follows:

Year	National Dried Milk (Cartons)	Cod Liver Oil (Bottles)	Vitamin Tablets A & D (Packets)	Vitamin Tablets C (Packets)	Vitamin Tablets A, D & C (Packets)	Orange Juice (Bottles)	Vitamin Drops A, D & C (Bottles)
1969	19,941	3,742	6,238	—	—	90,169	—
1970	10,394	3,152	6,780	—	—	91,511	—
1971	9,240	1,884	4,308	—	—	77,630	8,582
1972	10,543	170	2,088	1,453	1,387	16,943	18,844
1973	11,964	—	120	120	4,009	527	18,305

Dental Treatment

The Chief Dental Officer reports:

The equivalent time in sessions given to pre-school children and expectant and nursing mothers was 125 which approximated to that for 1972. The trend towards an increased number of mothers seeking inspections continued. The number of visits they made for treatment increased from 131 to 219 and these reflected the increased volume of work done for this category. It is interesting to note that the demand in Thetford which has a fast growing population of young families far outstripped other parts of the county and it alone accounted for the overall higher figures. This situation is convincing evidence that a well-staffed service in attractive clinics, convenient to a community certainly perpetuates an increasing demand for treatment.

The number of pre-school children who received a dental inspection fell from 805 in the previous year to 744 in 1973. Many districts showed individual small decreases to account for this figure with the exception of the Wymondham/Attleborough district where there was a large number of toddlers seen. Of the 744 who were inspected, 99 returned later in the year for a reinspection and again, of the total inspected, 43% required active treatment of some sort.

It is apparent from both the numbers of pre-school children requesting or referred for dental inspections that, in almost every part of the county, much more could be done for these children with further encouragement from all staff who come into contact with toddlers.

Inspections, Attendances and Treatment	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	744	75
Number of patients who required treatment	322	71
Number of patients who were offered treatment	296	71
Number of patients re-inspected during year	99	6
First visit	296	70
Subsequent visits	236	149
Total visits	532	219
Number of additional courses of treatment other than the first course commenced during year	39	6
Number of fillings	537	204
Teeth filled	472	197
Teeth extracted	321	91
General anaesthetics given	82	5
Emergency visits by patients	20	23
Patients X-rayed	2	16
Patients treated by scaling and/or removal of stains from the teeth (prophylaxis) ..	25	13
Teeth otherwise conserved	144	6
Crowns	—	4
Number of courses of treatment com- pleted during the year	252	55

Prosthetics

Number of dentures supplied	11
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Anaesthetics

General anaesthetics administered by dental officers	23
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Family Planning

The Family Planning Association continued to act as the Council's agent for providing clinic services at Cromer, Dereham, Fakenham, King's Lynn and Thetford. With effect from 1st January, 1973, Application No. 5 of the National Family Planning Agency Scheme was introduced and free consultation and examination was offered to all women attending clinics throughout the year, but free supplies were only available to medical cases, i.e., any woman whose health, in the opinion of the examining doctor, is likely to suffer by the increased mental, physical or social burden placed on her by pregnancy.

The number of medical cases assisted during the year was 586, including 41 receiving examination and advice only, compared with 574 in 1972. In addition 5,669 non-medical cases received free consultation and advice at Family Planning Association clinics under the agency arrangements.

A domiciliary family planning service directly administered by the Council was introduced during August but demand for this service was small and only three applications had been received by the end of the year. Arrangements were made for one applicant to attend the local Family Planning Association clinic, another was referred to her family doctor for advice and only one case was visited at home by a medical officer.

Phenylketonuria

All infants continue to have a simple blood test known as the Guthrie test soon after birth for the early detection of this condition and, increasingly, other inborn errors of metabolism affecting other amino acids. No case of classical phenylketonuria occurred during the year but there was one case of histidinaemia, a similar condition which is not however treated by diet immediately but closely followed up with a view to initiating such treatment if any abnormality is detected.

Infant Methaemoglobinaemia

As in previous years, water supplies from wells and bores have been examined for nitrate content where their use was proposed for bottle-fed babies. Samples are submitted prior to the birth of the child and where the results are unsatisfactory, the parents are advised to use mains water or a nearby alternative supply which on investigation is found to be satisfactory from a nitrate point of view. In twenty-five cases, advice to use an alternative source was given.

The simplified form of examination was continued in the health department and borderline results were submitted to the Public Analyst for a more detailed examination. The following is the standard the department has used for many years:

Waters regarded as safe	Nitrate content under 20 p.p.m.
Waters regarded as doubtful	Nitrate content 20/40 p.p.m.
Waters regarded as unsafe	Nitrate content 40/80 p.p.m.
Waters regarded as dangerous	Nitrate content over 80 p.p.m.

No case of infant methaemoglobinaemia occurred during the year.

The following table summarises the sample examination position during the year:

Original Supplies

Samples submitted by District Nurse or Health Visitor	89
Samples classified as satisfactory	79
Samples classified as unsatisfactory	5
Samples classified as doubtful and referred to Public Analyst for more detailed examination	5
Samples classified by Public Analyst as satisfactory	3
Samples classified by Public Analyst as unsatisfactory	2

Alternative Supplies

Samples submitted by public health inspector	—
Samples classified as satisfactory	—
Samples classified as doubtful and referred to Public Analyst for more detailed examination	—
Samples classified by Public Analyst as satisfactory	—
Samples classified by Public Analyst as unsatisfactory	—
Total examinations carried out in the Health Department	89

Congenital Malformations

Congenital malformations detected at birth during 1973 were as follows:

Congenital Malformation						Live Births	Still Births
Talipes	18	1
Congenital dislocation of hip	16	—
Hydrocephalus, spina bifida	7	1
Anencephaly, microcephaly	—	9
Cleft palate and cleft lip	15	—
Defects of alimentary system	—	1
Defects of genito-urinary system	14	—
Congenital heart disease	12	1
Mongolism	7	—
Other defects	55	1
						144	14

There has been an overall decrease in the number of congenital malformations for the second year running and the number of surviving children in whom these malformations occurred has fallen from 143 in 1972 to 121 in 1973. A notable decrease has been recorded in the number of cases of talipes and defects of the genito-urinary system from the previous year, with an increase in congenital heart disease although the figure for the latter condition is actually lower than in 1971.

All malformations reported on the birth notification form are followed up by forwarding the standard form to the maternity unit for completion by the appropriate midwife or obstetrician. Conditions are then notified to the Office of Population Censuses and Surveys and recorded on the child's computer record.

The 'Battered Baby'

The practice of calling case conferences of all agencies concerned with child health and welfare where an infant is suspected of being the victim of physical injury is now well established. These conferences are usually initiated by the consultant paediatrician responsible for the child's care in hospital. In addition there is a great deal of informal contact between individual doctors, health visitors and other officers, in those more doubtful cases where hospital admission is not necessary in order to ensure appropriate surveillance and support whenever necessary.

During the year there were ten such conferences involving children resident in the county, attended usually by the senior medical officer and the health visitor concerned with the case. These contacts and exchange of views continue to be of great value.

V. NURSING STAFF

The staffing situation at the end of March, 1974, was as follows:

<i>Supervisory Staff</i>	Whole-time	Part-time
Director of Nursing Services	1	—
Divisional Nursing Officer	1	—
Area Nursing Officers	4	—
Nursing Officers	2	—
	<hr/> 8	<hr/> —
 <i>Other Staff</i>		
Midwifery only	22	1
Midwifery and home nursing	60	11
Midwifery, home nursing and health visiting ..	4	—
Midwifery, home nursing, health visiting and school nursing	12	—
Home nursing only:		
S.R.N.'s (female)	26	16
S.R.N.'s (male)	5	—
S.E.N.'s	3	3
Health visiting and school nursing	53	—
School nursing only	1	—
Nursing assistants	—	8
Health visitor assistants	—	4
	<hr/> 186	<hr/> 43

At the end of March, 1974, there were the following vacancies:

Midwifery and home nursing	9
Health visiting and school nursing	13
	<hr/> 21

The establishment of health visitors was increased by six but it was not possible to make appointments for these particular posts. Approval was, however, given to the appointment of three whole-time equivalent of health visitor assistants and four part-time state registered nurses were recruited. These assistants work under the supervision of the health visitor and are proving invaluable with their help in the clinics and school health service.

Recruitment to the service has been fairly good but once again there has been a considerable amount of sick leave. This has inevitably brought pressure to colleagues and valuable help has been available from part-time staff to maintain the standard of patient care.

Nursing Assistants

The establishment of a further two whole-time equivalent of part-time nursing assistants was effective from 1st April, 1973. These ancillary staff work under the direction of the district nursing sister and have proved to be of great assistance in urban areas.

Study Days

One succesful study day was held in the Council Chamber at County Hall, but on this occasion it was not possible to invite visitors from hospitals and neighbouring local authorities due to the limited parking facilities available. The programme was as follows:

8th May, 1973

“Integration of the Health Service”

P. M. Cooke, Esq., M.A., F.H.A., M.R.S.H., Group Secretary, Ipswich Group Hospital Management Committee.

“Briggs Towards the Twenty-first Century”

Mrs. M. E. Steel, S.R.N., B.T.A., R.N.T., Principal Nursing Officer (Education), Group 6, East Anglian Regional Hospital Board.

Reorganisation—“Any Questions”

Dr. A. G. Scott, County Medical Officer

Miss M. Wearmouth, Director of Nursing Services

Courses Attended

Director of Nursing Services..	..	Supervisor of Midwives Course
Area Nursing Officer	Supervisor of Midwives Course

Staff attended refresher courses as follows:

Health Visitors	7
Midwives	26
District Nurses	7

Some interesting reports were received and published in the quarterly bulletin and the staff appreciated being able to attend these post-graduate courses.

Hospital Student/Pupil Nurse—Visits with Local Authority Staff

During the year 114 student nurses and 60 pupil nurses spent a day with the nursing sisters and health visitors.

Three students taking integrated nurse training spent three days working and living with a district nursing sister/midwife/health visitor.

Six students taking mental nurse training at Hellesdon Hospital spent one week in the community with a nursing sister and a health visitor.

Telephone Answering Machines

A further ten ‘Ansafones’ were provided bringing the total to fifty. The installation of these instruments has been of great value in providing a more efficient service for doctors and patients as well as allowing the nursing staff more flexibility of movement.

Houses for Midwives and Home Nurses

Details of housing accommodation provided by the Council and used for full-time permanent nursing staff at the end of the year are as follows:

Houses owned by the Council	49
Houses hired by the Council	10

Twelve of these houses were furnished by the Council in whole or part. One house at Downham Market was purchased in 1973.

The following are details of those houses not occupied by district nurses at the end of March, 1974:

Number of houses occupied by staff other than district nurses	..	6
Occupied by members of public	3
Used by Social Services Department	3
Used by other authorities	1
		<hr/> 13 <hr/>

Transport

Staff in the nursing service, apart from supervisory staff and full-time health visitors, are given the choice of providing their own cars or using County Council owned vehicles.

The fleet of Council owned vehicles numbered sixty-six at the end of March, 1974.

VI. MIDWIFERY

Twenty-two whole-time and one part-time staff were employed solely on midwifery duties at the end of March, 1974, together with eighty-seven midwives (eleven of whom were part-time) who also undertook other nursing duties.

Training of Student Midwives

The Part II Midwifery training school at the West Norfolk and King's Lynn General Hospital seconded ten students for three months domiciliary midwifery experience.

The Norfolk and Norwich Hospital seconded fourteen students for twelve weeks community experience during their single period midwifery training.

A total of forty-eight student nurses from King's Lynn and the Norfolk and Norwich Hospital were received for some domiciliary experience during their obstetric training.

Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is undertaken by the Council's supervisors. At the end of the year the number of midwives who had notified their intention to practise was as follows:

<i>Institutional</i>								
Hospitals	55
Nursing Homes	2
<i>Domiciliary</i>								
Local Health Authority	118
Private Practice	1

Work undertaken by County Council Midwives

Deliveries attended for the past three years:

		1971	1972	1973
Midwifery/maternity cases (doctor present)	788	483	362
Midwifery/maternity cases (doctor not present)	601	707	543
		<hr/> 1,389 <hr/>	<hr/> 1,190 <hr/>	<hr/> 905 <hr/>

Number of patients delivered in hospital and discharged to care of midwife at, or before, forty-eight hours	2,277
Number of patients discharged after forty-eight hours but before the eighth day	1,801
Patients discharged on eighth day or subsequently	320
Confinements conducted by domiciliary midwives in hospital ..	4

4,402

Total number of early discharges, 1973	4,008
Number of domiciliary booked patients transferred to hospital care during ante-natal period	253
Number of domiciliary booked patients transferred to hospital during labour	167
Number of domiciliary booked patients transferred to hospital during puerperium	38

458

The Council's midwives paid the following visits to midwifery cases:

Ante-natal	31,520
During labour	2,828
Post natal	37,417
Patients seen in ante-natal clinic sessions in doctor's surgeries ..	3,947

In addition, 506 visits were paid to 228 patients who miscarried.

Births

The number of births during the year to women normally resident in the authority's area has decreased and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred into or out of the area:

	1971			1972			1973		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
Adjusted Live Births	1,541	5,373	6,914	1,324	5,284	6,608	1,036	5,671	6,707
Adjusted Still Births	9	81	90	6	74	80	—	67	67
TOTAL									
Adjusted Births	1,550	5,454	7,004	1,330	5,358	6,688	1,036	5,738	6,770
Actual Births	1,551	2,471	4,012	1,329	2,365	3,694	1,037	2,516	3,553

VII. HEALTH VISITING

At the end of March, 1974, fifty-five whole-time health visitors and sixteen nurses also undertaking midwifery and home nursing duties were employed. Of these, sixty-four were also acting as school nurses.

The figures below summarise the visits made by health visitors during the past three years:

	1971	1972	1973
Children under 1 year	7,150	7,148	7,457
Children 1-2 years	6,884	17,508	17,662
Children 3-5 years	12,315		
Total number of children aged 0-5 years visited	26,349	24,656	25,119
Total number of visits made to children 0-5 years	98,501	91,801	98,963
Number of persons aged 65 or over visited	1,221	1,440	1,366
Number of visits paid to persons aged 65 or over	4,716	6,092	6,286
Number of persons visited between 5 and 65 years	680	2,199	2,618
Number of visits paid to persons between 5 and 65 years	1,450	5,389	7,039
Number of families with special problems including infectious disease	482	510	921
Number of visits to families with special problems including infectious disease	2,275	1,694	2,744
Visits to child minders, playgroups and nurseries	513	448	392

Training

Two students commenced health visitor training in 1973 with financial assistance from the County Council. The six students sponsored in 1972 completed their training and were employed by the Council at the end of the year.

Student Health Visitors

Four students were seconded by Health Visitor Training Centres for rural experience and spent one week with a county health visitor.

We again co-operated with Ipswich Civic College in the field work instruction of two student health visitors.

VIII. HOME NURSING

Thirty-four whole-time and nineteen part-time staff were employed exclusively on home nursing duties at the end of March, 1974, together with eighty-seven (eleven of whom were part-time) who also undertook other nursing duties.

The work carried out over the last three years is summarised below:

	1971			1972			1973		
	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total	First Visits	Fur-ther Visits	Total
Patients under 5 years ..	472	980	1,452	988	914	1,902	958	844	1,802
Patients aged 5-64 years ..	2,633	35,090	37,723	7,834	37,072	44,906	7,508	40,768	48,276
Patients aged 65 years or over	5,989	140,175	146,164	9,929	146,389	156,318	9,966	162,421	172,387
TOTALS ..	9,094	176,245	185,339	18,751	184,375	203,126	18,432	204,033	222,465

The figures for 1972 and 1973 represent the number of persons treated, the compilation of these statistics being in accordance with revised returns required by the Department of Health and Social Security and include treatments given in doctors' surgeries, child health clinics, residential homes and hospitals. Those for 1971 are in respect of home visits only.

District Nurse Training Courses

Two courses were held during 1973 and the nine nurses from Norfolk who undertook training were successful in obtaining the certificate of the Department of Health and Social Security.

Students from other authorities—namely two from Norwich, seven from East Suffolk, two from Great Yarmouth and three from Ipswich received their theoretical training in Norfolk and were successful in obtaining the certificate.

Again our thanks are due to consultants, hospital staff, general practitioners and officers of other disciplines who have co-operated to make these courses so successful.

IX. VACCINATION

Childhood Protection Schemes

Comparative figures for the past five years are as follows:

Diphtheria Vaccination

Year		Primary Course			Total	Re-inforcing doses		
		Under 1 year	1-3 years	4-15 years		1-3 years	4-15 years	Total
1969	..	856	3,034	199	4,089	2,846	6,535	9,381
1970	..	707	4,920	437	6,064	1,366	6,810	8,176
1971	..	437	5,093	474	6,004	652	6,681	7,333
1972	..	124	4,888	703	5,715	322	5,065	5,387
1973	..	94	5,671	351	6,116	252	5,733	5,985

Whooping Cough Vaccination

Year					Under 4 years	4-15 years	Total
1969	3,840	68	3,908
1970	5,494	95	5,589
1971	5,444	162	5,606
1972	4,975	185	5,160
1973	5,699	131	5,830

Tetanus Vaccination

Year					Primary Course 0-15 years	Re-inforcing doses 0-15 years
1969	4,417	12,418
1970	6,495	11,864
1971	6,308	11,241
1972	5,984	8,984
1973	6,385	8,172

There were no reported cases nor notified deaths during the year.

Poliomyelitis Vaccination

				Primary Courses				
				1969	1970	1971	1972	1973
Children 0-3 years	3,895	5,366	5,363	4,952	5,717
Children 4 years and over	309	556	441	762	332
Totals	4,204	5,922	5,804	5,714	6,049
				Re-inforcing Doses				
				1969	1970	1971	1972	1973
				9,901	10,235	9,721	7,551	6,650

Measles Vaccination

This procedure has been established for over five years and now appears to be reaching a satisfactory level of acceptance in the second year of infant life. However, looking at the figures for older children there does not appear to have been an adequate number of children vaccinated in the past five years which may help explain the relatively slow decline in the natural occurrence of the disease.

Comparative figures for the past five years are as follows:

Year			Under 1 year	1-3 years	4-7 years	Others under 16 years	Total
1969	3	1,873	1,263	910	4,049
1970	30	3,512	2,364	322	6,228
1971	33	3,393	1,305	122	4,853
1972	6	3,767	1,233	154	5,160
1973	14	6,362	968	65	7,409

Rubella (German Measles) Vaccination

In 1973 a fairly good response is recorded to the offer of this vaccine in the age group eligible.

Year								Total of 13-year-old girls vaccinated
1970	1,078
1971	2,727
1972	2,302
1973	2,494

B.C.G. Vaccination

Numbers of children skin-tested and vaccinated during the last five years are as follows:

Year					Tested	Negative	Vaccinated
1969	4,386	3,855	3,814
1970	4,046	3,633	3,570
1971	4,677	4,146	4,133
1972	4,181	3,643	3,744
1973	3,816	3,280	3,305

X. AMBULANCE SERVICE

General

1973 continued to be a busy period as the demands on the ambulance service increased, due to a fall-off in public transport facilities, an increase in the use of geriatric and psychiatric day cases and a tragic increase in the number of road accidents, in particular the multi-injury type. Statistics for the past five years given below show the unprecedented increased demands on the ambulance service.

Year				Patients	Mileage	Mileage per patient
1969	28,255	580,973	20.56
1970	30,113	620,484	20.61
1971	31,768	626,519	19.72
1972	33,998	695,000	20.40
1973	42,270	779,111	18.19

7,596 emergency cases, representing 17.97 % of all cases carried by ambulances during the year, showed an increase of 1,660 on the corresponding figure for 1972.

It is worthy of note that the miles per patient for 1973 were the lowest ever recorded and indicates the effect of the central ambulance control established in April and the introduction of the two sitting-case vehicles in July of that year.

Ambulance Stations

Final approval by the Department of Health and Social Security was given for the Attleborough and North Walsham sub-stations and the new Norwich ambulance station/headquarters and central ambulance control.

Approval was given to add Hunstanton to the 1974-75 three-year capital building programme.

With a decision to transfer the coastal district ambulance stations in East Suffolk, mainly Lowestoft, Beccles and Bungay to the new Norfolk Area Health Authority, agreement was reached to amalgamate the Harleston and Beccles personnel and vehicles to existing purpose built accommodation in Beccles. This transfer was satisfactorily effected in December, 1973.

Ambulance Vehicles

During the year the service accepted delivery of the ten Dormobile Bedford C.F. recumbent ambulances and two Wadham ten seater Bedford C.F. sitting case vehicles ordered the previous year. These vehicles have proved so popular with patients and ambulance personnel alike, that authority was given to order an additional four recumbent ambulances from Dormobile Limited to strengthen the fleet and cope with the increasing demands on the service.

Ambulance Equipment

The policy of maintaining all first line ambulances in accordance with the Ambulance Service Advisory Committee's recommendation was maintained. The main innovations were the introduction on all new vehicles of the multi-posture stretcher trolley and the orthopaedic (scope) stretcher, found invaluable in the removal and transportation of the multiple injury type patient.

During the year, concurrent with the establishment of the central ambulance control, the new multi-channel radio equipment was installed which included the national emergency reserve channel facilities, the installation of private telephone circuits for district general hospitals and the hospital/ambulance radio links. The telex network to main stations and district general hospitals was also installed to reduce the telephone load in central control.

Norfolk was the first authority in East Anglia to make provision for the emergency reserve radio channel and on the commissioning tests the new equipment supplied proved so effective that total radio coverage of Norfolk was obtained and readable signals extended throughout 75% of East Anglia.

Ambulance Service Reorganisation

During the year, the internal reorganisation of the county ambulance service was completed and the service settled down very well as an effective unit. The most noticeable changes were the reduction in miles per patient travelled and patient waiting times, both on the ambulance and hospital car service, following the establishment of central ambulance control.

Senior officers of the ambulance service were active in their membership of the working parties set up by the Area and Regional Joint Liaison Committees in preparation for National Health Service Reorganisation. They were able to agree to common working practices and standards which will ensure that in April, 1974, the ambulance service will amalgamate into the unified health service smoothly and without any disruption or lowering of standards of service.

Ambulance Training

As additional personnel were appointed, the ambulance service was able to concentrate on its training requirements and the newly established training school at Hall Road in Norwich effectively supported the regional training centres by concentrating on a programme of various in-service training.

During the year, the following personnel attended the courses listed below and it is significant to note the value of in-service training by placing on record that the course results were of a high standard and there were no failures. The figures given below include students up to 31st March, 1974, and therefore cover a fifteen month period.

Six week basic ambulance aid courses	29
Two week ambulance aid refresher courses	53
One week hospital training courses	16
Two week control personnel courses	10
Two week first line supervisors' courses	33
Two week middle management courses for senior officers	4
Three day N.H.S. reorganisation seminars for senior officers	5

On thirteen separate occasions, qualified ambulance aid instructors were seconded to the Regional Training Centres at Chelmsford and Leicester to assist with the national training programme. The Deputy Chief Ambulance Officer was twice selected by the Department of Health to participate as a member of the directing staff in the training of ambulance instructors at Wrenbury Hall, Cheshire, and a member of our service also qualified during the year as an ambulance aid instructor, bringing the total within the service to five.

At the request of the Local Government Training Board, the Chief Ambulance Officer regularly gave talks on the courses held for first line supervisors at Felixstowe throughout the winter months and the Deputy Chief Ambulance Officer attended a one-week special study organised nationally by the Department of Health at the Cranfield Institute in Bedfordshire, which dealt with maintaining standards of ambulance services and monitoring performances. As a result of his attendance, the systems recommended have been introduced into the Norfolk Ambulance Service.

Car Service

Because of the increased demands previously referred to, efforts were made to increase the number of voluntary car drivers and with the inclusion of the hospital car service drivers from the coastal districts of Lowestoft and Beccles areas, the service now has 260 enrolled drivers. It is hoped to increase this figure to a constant level of 300 during the coming year.

The following statistics show the increasing number of patients carried and clearly establish that by integrating the car service with the ambulance service through one central control, a considerable reduction in miles per patient has been achieved.

Year			Patients	Mileage	Mileage per patient
1969	80,989	1,850,960	22.80
1970	84,105	1,942,552	23.10
1971	90,343	2,039,434	22.57
1972	94,768	2,049,413	21.60
1973	188,544	2,266,382	10.00

Air Service

This is a new method of transportation to be used by the ambulance service in Norfolk but, with increased running costs of vehicles and the distances involved, is proving to be quicker, more economical and just as comfortable. One patient was conveyed by ambulance from King’s Lynn to Norwich Airport and then flown by special charter plane to Glasgow, his ultimate destination. The flight was accomplished in two hours and ambulance officers acted as attendants. By road, the journey would normally have taken ten hours resulting in the loss of an ambulance and crew for two days. In addition similar arrangements were made on behalf of King’s Lynn General Hospital for the flight from Norwich Airport for a patient to Amsterdam.

The air/sea rescue station at R.A.F. Coltishall have agreed to respond at the request of the ambulance service to any emergency situation in Norfolk where access by road is difficult or impossible. On one occasion during the year a drowning man was rescued by helicopter from the Broads and carried safely to the Norfolk and Norwich Hospital. On another occasion a patient with serious spinal injuries was transferred by this method from King’s Lynn to Stoke Mandeville Hospital, Buckinghamshire.

Recognising the value of this close link with the air/sea rescue service, consideration is being given to establishing a radio link between the helicopter and the central ambulance control.

XI. PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

Chest clinics were held by Dr. A. H. C. Couch (East Norfolk) at Norwich, Cromer and Great Yarmouth. In West Norfolk, Dr. G. F. Barran retired at the end of March and was replaced by Dr. R. A. Mulligan who assumed responsibility for the clinics at King's Lynn, Dereham, Thetford, Wells and Fakenham. A whole-time tuberculosis health visitor attended clinic sessions in East Norfolk and carried out routine and follow-up visits to patients and contacts.

Arrangements for health visiting in West Norfolk were made by the area nursing officer in liaison with Dr. Barran.

(a) Incidence

The numbers of new cases notified during the past five years are as follows:

Year	Respiratory	Non-respiratory	Total
1969 ..	35	10	45
1970 ..	38	14	52
1971 ..	31	16	47
1972 ..	35	17	52
1973 ..	26	10	36

(b) Visits to Tuberculous Households

The following table shows the visits made by health visitors to tuberculous households during 1973 with the comparative figures for 1972 given in parenthesis:

First Visits	415	(532)
Re-visits	1,347	(1,149)
	<hr/>	<hr/>
	1,762	(1,681)
	<hr/>	<hr/>

(c) Extra Nourishment

This is now limited to the provision of free milk in necessitous cases on the recommendation of the chest physician and eleven such cases were being assisted at the end of the year.

(d) B.C.G. Vaccination

See vaccination section.

(e) Medical Arrangements for Long-term Immigrants

Thirty-seven immigrants were notified as having arrived in this county from the following areas:

Commonwealth Countries

Caribbean	3
Indian	6
Other Asian	7
African	12
Australasia	1

Non-Commonwealth Countries

European	2
Other	6

37

Follow-up visits are made by a medical officer or health visitor and immigrants are informed of facilities available under the health services and encouraged to register with a general medical practitioner. No cases of tuberculosis were notified among immigrants in 1973.

(f) General

The British Red Cross Society and the St. John Ambulance Brigade jointly organise a hospital library service which is also available to homebound patients. The local W.R.V.S. depots supply articles of clothing in necessitous cases and the Friends of Kelling provide patients with special amenities.

(g) Joint Report of Chest Physicians

The chest physicians report as follows:

“Although the total number of new notified cases of tuberculosis is not large it does indicate the persistence of infectious or potentially infectious individuals who were mixing freely in the community up to the time of diagnosis. Every effort continues to be made to identify any further persons who could have been infected, but the very long interval between infection with tuberculosis and subsequent clinical disease means that we must be on the watch for tuberculosis for many years to come.

The general pattern of arrangements for diagnosis, treatment, and prevention has remained in much the same shape but the western part of the county has lost the services of Dr. G. Barran who has now retired; he will be greatly missed by his patients and colleagues. We welcome Dr. Rosemary Mulligan who takes over from Dr. Barran with the addition of responsibilities in general medicine.”

Health Education

1973 proved to be an interesting year in the field of health education. The health education officer, under the guidance of the senior medical officer, is responsible for organising health education programmes in the county. While undertaking certain talks personally during the year, an important part of her work is to ensure that all aids, visual or otherwise, for the promotion of health are made available for use by other professional staff including medical officers, health visitors, nurses and midwives, dentists, public health inspectors and teachers.

The following summarises the main activities of the health education section during the year:

(a) Conferences

The health education officer attended a one-day conference in London, the Health Education Seminar in Reading and a two-day National Home Safety Conference also in London.

The first conference “New Communication Technology and its Application to Health Education” arranged by the Royal Society of Health was held in the Society’s headquarters, Grosvenor Place, on the 15th March. The Seminar for Health Education Officers was held at the University of Reading from the 2nd to 6th April. The course entitled “Health Education in the Seventies” included the future of medical care, health education in the Federal Democratic Republic of Germany and the reorganisation of the National Health Service.

The second conference held at the Bloomsbury Centre Hotel was the National Home Safety Conference organised by the Royal Society for the Prevention of Accidents. The theme of the Conference was "Home Safety—Research and Application". Mr. David Lane, M.P., Parliamentary Under-Secretary of State, Home Office, officially opened the Conference and the address was given by the Rt. Hon. Lord Kearton, O.B.E., F.R.S., President of RoSPA.

(b) In-Service Training Course

In September the health education officer began a part-time course, one day per week in the method and practice of teaching health education. The course entitled "Certificate in Health Education" is being held at the Civic College in Ipswich and is aimed at improving the efficiency and skill of public health staff and others who are or likely to be engaged in health education. The course runs until July, 1974.

(c) District Health Education Committees

The Depwade, Forehoe and Henstead and Loddon Rural District Councils each have health education committees on which the health education officer represented the County Council. Wayland Accident Prevention Committee, with responsibility for home, road and water safety continues to meet regularly, the health education officer playing an active part. On the 9th April, a "Safety Quiz" was held at Attleborough Junior School, when three schools competed for a shield. It is hoped to run a similar quiz annually. The Sheringham Urban District Council has a safety-first committee and Walsingham Rural and Wells Urban District Councils have a joint safety committee dealing with home, road and water safety.

(d) Visual Aid Equipment

At the end of the year 103 different filmstrips and forty-eight 16mm films were available from the health department, as well as film-loops, tapes and a large selection of slides.

(e) Health Education in Schools

As will be noted from the statistics below, an increasing number of sessions of health visitors' time was devoted to health education in schools during the year and medical and health education staff also spent more time on this work. It is important to note also that many of these sessions formed part of a proper health education programme or syllabus rather than isolated talks on individual subjects and it is apparent that headmasters are becoming more aware of the value of these programmes and of the contribution that medical or nursing staff can make to them. The health department helps in any way possible, either by giving advice to head teachers on the nature and content of such programmes or providing active assistance for certain lectures or group discussions as requested. There have been discussions on health education programmes between head teachers and senior medical and health education staff on more than one occasion during the year and these have helped towards an understanding of the needs and problems of each as well as clarifying how best to achieve their mutual aims and objectives.

The subjects on which health department staff are most frequently asked to contribute are general hygiene, diet, nutrition and obesity, menstruation and reproduction, family planning (with reference to population problems and health services generally), smoking, drug and alcohol abuse and addiction and the venereal diseases. Each school and college does, of course, build quite comprehensive syllabuses incorporating reference to these subjects in their own way according to their own aims and methods and the type of child to whom the instruction is directed.

(f) Health Education to Adult Groups

Outside talks were given to various adult groups, especially women's organisations such as young wives' clubs and women's institutes. Over sixties clubs and young farmers also requested talks, and subjects covered included the prevention of accidents, diet and nutrition, child care, dental health, drug addiction and cancer prevention. Special consideration was given to the subject of cancer education and this is outlined in more detail below.

(g) Cancer Education Scheme

On the 5th July, a special meeting was held at County Hall to which all general medical practitioners, medical staff and domiciliary nursing staff were invited. The meeting was chaired by the senior medical officer, Dr. Hunter, and the speakers were Mr. Rennie Davison, Executive Officer of the Manchester Regional Committee on Cancer, supported by Dr. A. W. Jackson, Consultant Radiotherapist to the Norfolk and Norwich Hospital, who initially sought the assistance of the health department in promoting the scheme.

The purpose of the meeting was to inform all interested professional staff how cancer education schemes, designed to inform the public of the more hopeful aspects of cancer, operate in other parts of the country. The meeting proposed to introduce such a scheme in the county of Norfolk, administered by the health department in close relationship with the radiotherapy department of the Norfolk and Norwich Hospital. The aim would be to provide professional speakers to explain to groups of lay people the nature of cancer, stressing particularly the curability of the lesion detected at an early stage and also informing them of early detection techniques and the warning signs of cancer. Following the meeting various voluntary organisations in the county were informed of the opportunity of receiving a lecture on this important subject, and requests have been received for talks up until the end of 1974. Between September and December talks were given to the following groups:

- Old Catton Young Wives
- Ormesby Young Wives
- South Walsham Young Wives
- Geldeston Young Wives
- Dereham Young Wives
- Wicklewood Mothers' Union

(h) Statistics

The number of sessions of health education (including mothercraft) undertaken by health visitors during the year was as follows (1972 figures in brackets):

At doctors' surgeries	168	(119)
At child health clinics	610	(695)
At health centres	45	(—)
At schools	202	(142)
In hospitals	82	(47)
Others	687	(629)
Resuscitation instruction at child health clinics	..				—	(9)
Total	1,800	(1,641)

The total number of health education sessions undertaken by the health education officer personally during the year was as follows (1972 figures in brackets):

Lectures to schools, youth and adult groups	..	51	(37)
Assisted film shows and lectures	13	(14)
Health education committees and other meetings	..	14	(17)
Total	78	(68)

A considerable amount of health education is given on an informal basis through personal contact in the home.

Venereal Disease

Liaison is maintained with the physicians in charge of treatment centres in the county to facilitate contact tracing and, although individual clinics have their own follow-up arrangements, problem cases are referred for investigation by the area nursing officers. Requests to trace and interview contacts are also received from time to time from clinics outside the county.

Returns from the Norwich, King's Lynn, Great Yarmouth, Lowestoft and Bury St. Edmunds treatment centres relating to the attendance during the year of new Norfolk cases were as follows (1972 figures in brackets):

Syphilis	9	(2)
Gonorrhoea	128	(94)
Other conditions	988	(821)
		1,125	(917)

Dr. D. W. Higson, the physician in charge of the treatment centre at the Norfolk and Norwich Hospital, has kindly provided the following report for 1973:

“New cases recorded in the department numbered 1,780 compared with 1,516 in 1972. Syphilis and gonorrhoea accounted for 157 compared with 109 in 1972 and 149 in 1971.”

The Department of Health and Social Security returns for England show a rise in cases of both early syphilis and gonorrhoea.

Syphilis

Three cases of early infectious syphilis were treated, two resident in Norfolk and one in Lowestoft. These infections were acquired abroad.

Two cases of late congenital syphilis resident in Norfolk and one case of cardio-vascular syphilis resident in Norwich were treated.

Gonorrhoea

New cases increased from 104 to 151. Male cases accounted for 90 (60) and female 61 (44).

The 15-19 age group in males was 13% (13%) and in females 30% (20%) of the total male and female cases.

Male homosexuals accounted for 17 of the 90 cases.

TABLE 1. NEW CASES OF GONORRHOEA

Age			1973		1972	
			Male	Female	Male	Female
Under 16	—	2	—	—
16-17	5	8	2	3
18-19	7	8	6	6
20-24	32	25	19	20
25 and over	46	18	33	15
			—	—	—	—
Total	90	61	60	44
			—	—	—	—

TABLE 2. RESIDENCE OF NEW CASES OF GONORRHOEA

Age			Norwich		Norfolk (including Great Yarmouth)		Suffolk (including Lowestoft)	
			Male	Female	Male	Female	Male	Female
Under 16	—	1	—	1	—	—
16-17	3	5	2	3	—	—
18-19	4	4	2	3	1	1
20-24	18	17	12	8	2	—
25 and over	21	13	21	5	4	—
Total	46	40	37	20	7	1

Of the male patients 52% (55%) contracted their infection in this area, 33% elsewhere in this country and 14% abroad.

TABLE 3. NEW CASES OF OTHER GENITAL INFECTIONS

						1973	1974
Non-specific genital infection	378	292
Trichomoniasis	93	92
Candidiasis	113	118
Pediculosis pubis	61	53
Genital warts	156	120
Herpes genitalis	11	8

Screening tests were negative in 670 patients (591); of these 357 (353) were male and 313 (238) female.”

Provision of Nursing Equipment

The Norfolk Branch of the British Red Cross Society and the St. John Ambulance Brigade continued to issue nursing and sickroom equipment from their medical loan depots throughout the year under the agency arrangements. Items supplied to patients in their own homes on free loan included wheelchairs, commodes, bedrests, bed tables, bedpans, air rings, crutches and walking aids, the County Council paying rental charges. Larger items of equipment such as patient-lifting hoists, hospital beds and specialised apparatus, were similarly provided directly from the health department at County Hall.

The demand for disposable incontinence pads again increased during 1973 and 174,600 were supplied for distribution by nursing staff, compared with 162,400 in 1972. 1,547 sets of waterproof clothing were also provided together with supplies of disposable linings.

Home Dialysis

The assessment of patients' suitability for home dialysis and the allocation of kidney machines is the function of the hospital authority, who also supply and maintain the apparatus. However, special facilities must be provided at a patient's home before the machine can be installed and the County Council has been called upon to assist by either making extensive adaptations to an existing room in the house, building an extension or supplying a purpose built unit to house the machine and provide the necessary sleeping accommodation for the patient.

Two new cases were referred during 1973, bringing the total number assisted since the first installation in 1968 to ten. One of the new cases was supplied with a special unit and in the other a room in the house was adapted.

There was some anxiety about the effect on electricity supplies to home dialysis patients of proposed industrial action by power workers in October but in the event supplies were not disrupted and kidney machine users were also unaffected by the subsequent emergency resulting from the miners' dispute. During the previous power crisis in 1972 it had been necessary to provide a standby generator in one case owing to electricity cuts and voltage reductions.

The invaluable assistance of the County Architect's staff in arranging, as a matter of urgency, for the complex adaptations to be carried out, is gratefully acknowledged.

Recuperative Convalescence

The Council arranged for the attendance of ten persons at voluntary convalescent homes, on the recommendation of family doctors, paying maintenance charges in necessitous cases.

The Marie Curie Memorial Foundation

Grants totalling £599 were made under the Foundation's area welfare scheme and forty-five patients were assisted, twenty-eight of these being provided with electrically operated "ripple" mattresses specially hired for their use.

Chiropody

The demand for this service continued to increase during 1973 and recruitment of chiropodists again proved difficult. Advertisement of two additional posts was made at the beginning of the year but it was September before Miss A. Crowther was appointed and the revised establishment of one chief and ten senior chiropodists was not completed until Mr. T. Akers joined the staff in December.

NOTIFICATION OF INFECTIOUS AND OTHER DISEASES

TABLE 3

Disease	Number of cases notified																											Totals
	Municipal boroughs		Urban districts										Rural districts															
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Measles	110	130	1	42	2	1	14	1	5	13	2	7	155	42	91	120	42	69	58	74	34	70	259	28	60	82	46	1,558
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	19	—	—	—	—	6	—	—	2	2	4	—	—	1	—	34
Scarlet fever	—	11	—	2	1	—	—	—	—	—	—	1	4	1	—	—	2	13	—	3	3	3	4	—	3	—	2	53
Whooping cough	—	—	—	7	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	3	4	2	—	—	—	20
Infective jaundice	—	2	—	—	—	—	2	—	—	—	—	1	9	—	—	—	—	1	—	—	—	—	5	4	1	—	2	27
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Tetanus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute meningitis	—	2	—	—	—	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	8
Acute encephalitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	3
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Leptospirosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Food poisoning	—	—	—	6	—	—	9	—	—	—	—	3	11	2	—	—	—	6	—	9	—	2	8	4	—	2	—	62
Malaria	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Yellow fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
*Chicken pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	111	146	1	57	3	1	27	1	5	14	2	13	202	45	91	120	47	95	59	86	40	81	285	39	65	85	50	1,771

* Chicken pox is notifiable only by Cromer U.D.C.

Details of treatments undertaken during the year are given below (1972 figures in brackets):

	<i>Cases treated</i>		<i>Treatment given</i>	
Domiciliary cases ..	4,719	(4,185)	14,299	(12,863)
Old People's Club Schemes	6,542	(6,069)	40,545	(37,017)
County Homes for the Elderly	1,218	(1,020)	4,871	(4,506)
Totals	12,479	(11,274)	59,715	(54,386)

It will be noted that the majority of treatments are carried out under local old people's club schemes and grateful acknowledgement is made of the invaluable support of individual clubs and voluntary personnel in running these schemes and providing the premises used for treatment sessions.

Cervical Cytology

Under the national scheme all women of thirty-five years or over, whose previous test five years ago proved negative, are sent a routine recall for examination. Recall forms are initially received by the Executive Council from the Central Registry and the family doctor is given the opportunity to undertake the recall of his own patient or indicate that postponement or cancellation of a repeat test is desirable. If no action is being taken by the family doctor, the record is passed to the local health authority and a letter is then sent to the patient inviting her to make arrangements for a further test. 5,776 women were sent reminders by the health department during the year and 643 of these replied that they had had a repeat test since 1968. A further 105 reported that they no longer required a test for medical reasons. Approximately one-third of all cases referred were dealt with by their own doctors and no local authority action was necessary.

Fluoridation of Water Supplies

No arrangements have yet been made by the County Council for the fluoridation of water supplies.

XII. INFECTIOUS DISEASES

The annual notifications of infectious disease are set out in Table 3 showing the distribution throughout the areas of the municipal boroughs, urban and rural district councils.

XIII ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The County Public Health Engineer has supplied the following information:

(a) Water Supplies

During the year contributions were allocated by the County Council for the following schemes:

District Council	Scheme	Estimated Capital Cost
Loddon	Aldeby	£445
	Ashby St. Mary..	£780
Mitford and Launditch ..	North Tuddenham ..	£11,327

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council/Water Authority	Scheme	Estimated Capital Cost
Blofield and Flegg	Extension of water mains, West End, West Caister	£11,520
	Marsh Road, Fleggburgh ..	£1,772
City and County of Norwich Water Department ..	Extension to water main, Whitwell Common, Reepham ..	1,115
	Extension to Heath Farm, Mattishall	£2,450
	Extension to Skeyton Corner ..	£445
	Water main extension, Frettenham Road, Horstead ..	£1,800
	Mattishall	£37,500
	Weston Longville	£7,840
	Heydon to Corpusty	£9,100
	Aylsham	£36,781
	Foulsham to Guestwick ..	£8,800
	Cheney's Lane, Tacolneston ..	£656
South Norfolk Water Board	Extensions to water main, Doctor's Lane, Pulham St. Mary	£2,235
	Extension to serve Spring House, Southburgh	£6,005

(b) Sewerage and Sewage Disposal

During the year the County Council allocated contributions to District Councils for the following schemes:

District Council	Scheme	Estimated Capital Cost
Blofield and Flegg	South Walsham	£43,887
	Freethorpe	£172,240
	Broads parishes	£783,955
Depwade	Earsham S.T.W.	£21,700
Downham Rural	Wiggenhalls II	£343,545
Freebridge Lynn	North and South Wootton ..	£233,296
Loddon	Regional S.D.W.	£420,000
	Thurton, Hales, Heckingham ..	£188,000
	Geldeston	£109,391
Mitford and Launditch ..	White Mill I	£111,021
	White Mill II	£373,779
St. Faith's and Aylsham ..	Marsham extension	£1,020
	Central parishes III	£371,040
Walsingham	Melton Constable and Briston ..	£166,051
	Great Ryburgh	£117,444
	Great and Little Snoring and Kettlestone	£162,581
Wayland	East Harling	£175,237
	New Buckenham	£122,391
Sheringham Urban ..	Odour control plant and sewer extensions	£24,292

New schemes, extensions, and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:

District Council	Scheme	Estimated Capital Cost
Blofield and Flegg	Broads parishes	£783,955
	Thorpe End	£100,119
Depwade	Long Stratton	£286,582
Diss Urban	New S.D.W.	£668,107
Docking	North West parishes	£710,271
	Central parishes	£941,647
	East and West Rudham and Syderstone	£496,000
Downham	Stoke Ferry area	£1,700,269
East Dereham Urban ..	Sewage treatment plant, Stage II	£482,000
Erpingham	Lower Gresham, Lower Aylmer-ton	£110,500
	Erpingham and Ingworth ..	£130,945
Forehoe and Henstead ..	Bawburgh Lane, Costessey, ex-tensions	£28,300
Freebridge Lynn	Middleton and Blackborough End	£583,664
King's Lynn Borough ..	Stage III	£904,242
Loddon	Geldeston	£109,391
	Thurton and Hales	£188,000
Marshland	Regional drainage, Phase I ..	£2,265,484
Mitford and Launditch ..	Tittleshall	£49,980
North Walsham Urban ..	Enlargement of sewerage net-work and treatment works ..	£1,244,000
St. Faith's and Aylsham ..	Extension to Frettenham Lane, Horstead	£2,600
	Extension to Reepham sewers ..	£1,250
	Extensions to Salhouse ..	£550
	Extensions to Salhouse Road, Sprowston	£900
	Central parishes III	£371,040
	Cawston	£367,500
Smallburgh	Southern coastal parishes ..	£1,386,500
	Stalham S.D.W. extensions ..	£122,250
Swaffham Urban	Enlargement of treatment works	£262,900
Wayland	Hockham	£138,200
	Attleborough extensions ..	£474,000
Wymondham Urban ..	Sewerage	£345,112

Milk and Dairies

As in previous years, apart from sampling which may have been carried out by the Ministry of Agriculture, Fisheries and Food in connection with farm registrations, all milk sampling has been carried out by this department together with all necessary pre-licence and routine visits required to ensure adequate

arrangements for the storage, handling and distribution of milk. Registration of all milk distributors by the county district councils is still required by the Milk and Dairies (General) Regulations, 1959, and liaison has been maintained with these authorities. Liaison has also been maintained with the Animal Health Division of the Ministry of Agriculture, Fisheries and Food and with those departments of the County Council concerned with milk supplies to establishments in the Council's administration.

Details of the sampling examinations are included in the information given under the following headings:

(a) Specified Area Supervision

At the end of the year seven hundred and six dealers' licences were in force including seven issued to producer/retailers selling milk other than from their own herds and twenty-four issued to dealers selling "untreated" milk.

The following table shows the results of the examinations of milk samples taken from shops and retail rounds during the year. The figures for the previous year are shown in brackets:

Test	No. of examinations		Satisfactory		Unsatisfactory		Void	
Methylene Blue (Raw milk)	412	(405)	365	(345)	15	(46)	32	(14)
Methylene Blue (Pasteurised milk)	1,058	(1,042)	889	(941)	54	(51)	115	(50)
Phosphatase (Pasteurised milk)	1,076	(1,051)	1,072	(1,044)	4	(7)	—	(—)
Turbidity (Sterilised milk)	68	(90)	68	(90)	—	(—)	—	(—)
Colony Count (Ultra heat treated milk)	193	(140)	191	(139)	2	(1)	—	(—)
	<hr/> 2,807 (2,728) <hr/>		<hr/> 2,585 (2,559) <hr/>		<hr/> 75 (105) <hr/>		<hr/> 147 (64) <hr/>	

The one hundred and forty-seven "void" samples relate to those which were not examined by the methylene blue test because of the atmospheric shade temperature exceeding 70°F during their period of storage at the laboratory.

Four hundred and eighty-nine samples shown in the above table were submitted from milk processed at pasteurising plants outside the administrative county. The eleven failures were referred to the appropriate licensing authorities for their necessary investigation.

Fifteen raw milk failures were referred to the Ministry of Agriculture, Fisheries and Food for any necessary investigations at producer/retailer premises.

There are no processing plants in the county for sterilised or ultra heat treated milk.

(b) Pasteurising Plants

During the year three pasteurising plants employing the High Temperature Short Time method and one using the Holder method were operating under licence from the County Council. They were the subject of seventy-three routine visits by the county public health inspectors and these were augmented as necessary to investigate the causes of complaints and failing samples.

The results of the examinations of samples submitted from the plants are as follows:

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ..	294	222	31	41
Phosphatase ..	299	281	18	—
	<hr/> 593	<hr/> 503	<hr/> 49	<hr/> 41

All failures were investigated and any necessary advice given to the dairymen and plant operators. Particular attention was given to the phosphatase failures and any recommendations made were checked by repeat visits and sampling.

(c) Milk in Schools Scheme

Pasteurised milk only was supplied during the year to those schools within the milk in schools scheme and, the year was noteworthy for the fact there were no complaints of milk being delivered in dirty or unsatisfactory bottles.

(d) *Brucella Abortus*

The quarterly bulk milk sampling of producer/retailer herds for brucellosis examinations was continued by the department during the year and all results were notified to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. None proved positive.

Five hundred and seventy-four bulk milk samples from wholesaler supplies were submitted to the Norwich Public Health laboratory for direct culture and biological examinations and to the Ipswich Public Health laboratory for ring test examinations.

All samples examined at Norwich proved negative and of six samples found to be positive on ring test examination at Ipswich none produced a biological positive result.

(e) Antibiotics in Milk

Six hundred and two herd bulk samples were submitted to the Ipswich Public Health laboratory for examination. Two were found to contain inhibitory substances and advice was given after investigations at the farms.

Food Inspections

Suitable action was taken in respect of unsatisfactory foodstuffs and any necessary advice given relating to compliance with the Food Hygiene Regulations.

Ice Cream

During the year the public health inspectors of seven of the twenty-seven local authorities in the county submitted sixty-eight samples of ice cream of which forty-six were found to be satisfactory on examination. Fifty-six of the samples related to ice cream produced by the large national manufacturers and thirteen gave a Grade II result and three a Grade III result. The remainder were satisfactory. Of the twelve samples submitted from local manufacturers five gave a Grade II result and one a Grade III result. The remainder were satisfactory with a Grade I result.

Planning Applications

During the year ninety-six planning applications were referred to the department for observations which were given after due investigations on site and, where applicable, with officers of the local authorities.

Refuse Disposal

All but two of the county district councils dispose of household and trade refuse by tipping and while in some cases fully controlled systems were carried out in others this was not possible generally on economic grounds with the resultant hazards of tip fires, rat and fly nuisances and littering of the countryside. Indiscriminate tipping by members of the public at local authority disposal sites, unauthorised sites and at laybys continued to be a source of nuisance during the year.

Household refuse from two county district councils is pulverised at a plant in East Suffolk and one district council operates its own pulverising plant.

Twelve planning applications to dispose of refuse by tipping were considered during the year and in each case it was recommended that the work could be carried out without nuisance subject to fully controlled methods of tipping being employed.

Swimming Pools

Information relating to the department's work at school swimming pools is contained in my separate report as principal school medical officer. The county public health inspectors liaised with officers of county district councils in respect of private pools at holiday camps and caravan sites, etc.

Housing and Sanitary Complaints

During the year the following complaints were received in the department and, where necessary, were referred to the appropriate county district councils for investigation:

Sewerage and sewage disposal	2
Housing complaints	4
Nuisance from refuse tips	1
General complaints	6

XIV. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year	—	—	—	—
Homes whose registrations were withdrawn during year	—	—	—	—
Homes on the register at end of year	16	4	300	304

The senior medical officer and director of nursing services continued to maintain regular supervision of nursing homes during the year. Every effort was made to encourage the gradual improvements in the standards of service and accommodation, as well as safety, in the homes which continue to provide a valuable service to the community.

Laboratory Examinations

The Norwich public health laboratory continued to provide facilities for the examination of specimens submitted by the general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:

Water (bacteriological examination)	218
Milk (bulk samples for biological examination)	574
Milk (methylene blue examination)	2,071
Milk (phosphatase examination)	1,688
Milk (turbidity examination)	68
Milk (antibiotics examination—Ipswich laboratory)	602
Milk (ring test examinations—Ipswich laboratory)	574

Samples submitted by county district councils' public health inspectors and water boards:

Ice cream (methylene blue examination)	68
Water (bacteriological examination)	1,509

Other samples, which were submitted by County Council staff, were examined by the public analyst as follows:

Water (nitrate estimation)	5
Other examinations	12

Medical Examinations

The following examinations were carried out by medical staff of the health department:

For superannuation purposes (either physical examinations or clearance of medical questionnaire)	146
Candidates for entry to Norfolk Fire Service	48
Candidates for college of education and entrants to the teaching profession	439
School road crossing patrols (non-superannuable)	35
Fire Service pensioners	1
						<hr/> 669 <hr/>

Medical questionnaires in respect of 288 canteen workers were dealt with by area officers and where necessary, chest X-ray and/or physical examinations arranged.

The department was consulted on medical aspects of twenty-eight County Council employees who were no longer capable of discharging their duties and a certificate of permanent incapacity was issued in each case. The department was also consulted regarding sixty-one cases of prolonged absences of staff through sickness.

The number of applicants for driving licences, whose fitness was in doubt, again increased and 185 cases were referred by the local taxation officer for advice.

The department gave assistance with the medical examination of four council employees for heavy goods vehicle drivers' licences.

South Norfolk Water Board requested medical examinations, including carrier tests, for two of their employees.

The health of sixty-five students was investigated on behalf of Norwich City College to ascertain their fitness to undertake National Nursery Examinations, Home Management and Family Care and Pre-welfare Courses.

Other authorities were assisted with seven medical examinations of prospective employees.

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